# Department of Medical and Clinical Psychology (MPS)

# Handbook 2014/2015

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# **Introduction and Mission**

Since its inception in 1978, the faculty, students, and research staff at our department have studied the role of behavior, cognition, and motivation in physical and mental health. Our department offers the following degrees: (1) Ph.D. in Medical Psychology [open to civilian and military students] that focuses on biobehavioral research, and (2) Ph.D. in Clinical Psychology which has two tracks. The Clinical Psychology program follows a scientist-practitioner model that emphasizes biopsychosocial research and evidence-based clinical practice. Track 1 - The Ph.D. in Clinical Psychology-Military Track focuses on practice in clinical and operational military settings and training in relevant research. This track is open to active duty military and civilians entering military service. Track 2 - The Ph.D. in Clinical Psychology-Dual Track combines medical and clinical psychology training with an emphasis on basic and applied research. This track is open to civilian students.

# **MPS Department's Mission**

The Department of Medical and Clinical Psychology is an integral part of the F. Edward Hébert School of Medicine, the Nation's federal school of medicine, and is committed to excellence in psychology during periods of peace and war. We provide the Nation with health service military clinical psychologists dedicated to career service in the Department of Defense, as well as, psychologists dedicated to both research and evidence-based clinical care advancing the health of the uniformed services and the Nation. We serve the uniformed services and the Nation as a premier graduate program in psychology with a worldwide perspective for education, research, policy, service, and consultation; we are unique in relating these activities to military medicine, disaster medicine, and military readiness.

## **MPS Department's Vision**

The Department of Medical and Clinical Psychology will be the recognized leader for training health service military clinical psychology leaders in all branches of the Department of Defense. Additionally, the department will train the preeminent researchers and scientist-practitioners in medical psychology, with a specific emphasis on militarily relevant populations and areas of study.

# **About the Department- Brief History**

The Department of Medical Psychology (original name) was founded in 1976 by Jerome E. Singer, Ph.D., who served as Chairman from 1976 - 1999. Dr. Singer decided that the department would use principles and methods of scientific psychology and other biomedical sciences to address issues relevant to physical and mental health. He recruited charter faculty (Andrew S. Baum, Sheryle J. Gallant, Robert J. Gatchel, Neil E. Grunberg, Cecil B. Harris, David S. Krantz) in 1978-1979 to help plan, develop, and initiate the department's research and teaching activities and to help build the fields of medical and health psychology.

The Ph.D. program in Medical Psychology (research oriented) graduated its first students in 1984 and continues to this day. Alumni have achieved international and national recognition as scientists and educators. In the early 1990s, the U.S. Congress directed the Uniformed Services University to develop a Ph.D. program in Clinical Psychology for the military services. In 1993, Michael Feuerstein, Ph.D. MPH, joined the department to develop and direct the new program. The department was renamed Medical & Clinical Psychology to encompass the expanded mission. In the late 1990s, the department added a dual track Ph.D. program in Medical and Clinical Psychology to train scientist-practitioners who are prepared to contribute to clinically-relevant science. Graduates of this clinical program have become leaders in military clinical psychology and are contributing to clinical practice and scholarship.

In 1999, Dr. Singer retired and the former Department Chairman, David S. Krantz, Ph.D., was appointed. In 2014, CAPT Jeffrey Quinlan was appointed as Acting Chair. To date, the Department has trained approximately 125 Ph.D. psychologists and helped the University to train more than 4,500 physicians. Department faculty have published extensively (including empirical, theoretical, and review papers; textbooks, handbooks, edited volumes, and patient-oriented books), founded and served as editors of many different scientific journals, and are nationally and internationally recognized for contributions to psychology, behavioral and medical sciences, education, and public health. Currently, the Department of Medical & Clinical Psychology is strong and active and includes ten full-time faculty members, more than 40 adjunct faculty members, over 50 graduate students and postdoctoral fellows, more than a dozen staff, numerous active research programs, and offers broad clinical and research training and supervision. The Department's Clinical Psychology Ph.D. Training Program is fully accredited by the American Psychological Association.

Questions related to the program's accredited status should be directed to the Commission on Accreditation. Correspondence information is provided below.

Office of Program Consultation and Accreditation American Psychological Association 750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / Email: apaaccred@apa.org

Web: http://www.apa.org/ed/accreditation

# Guidelines for Faculty, Student, and Staff Interactions to Enhance the Educational Environment

The graduate educational process requires a free and non-threatening environment that is conducive to free inquiry and learning. An atmosphere of tolerance, openness, and mutual respect between students, faculty, and staff is essential in creating an optimal academic environment. MPS faculty, students, and staff highly value this atmosphere and deserve and have every right to expect it. Therefore, our Department is constantly striving to create and foster conditions that promote this kind of positive atmosphere. Consistent with University guidelines for treatment of medical students, a set of guidelines for faculty, student, and staff interactions in our Department serves the purpose of furthering our commitment to maintaining an open learning environment.

The educational experience brings students into contact with hundreds of professional and technical personnel whose roles and authority influence student training, affect the educational environment and its processes, and contribute to one's sense of professional/personal image. Exposure to such a wide variety of personnel enhances the educational process. University faculty members vary in their training philosophies, and these differences can enrich the educational experience.

Occasionally, some faculty, staff, or students undermine the educational program through behavior patterns that are clearly perceived as hurtful, out of bounds, or sometimes even abusive. Examples of such mistreatment include hurtful, insulting, or humiliating verbal comments, actual or implied punitive assessment, inappropriate communication of negative comments about students or faculty to other students, hurtful gossip, and any form of sexual harassment or discrimination.

Students and staff are particularly vulnerable in these situations because their authority is limited, and they may fear retaliation or consequences from those they accuse and those to whom they may appeal. It is the official policy of the Department of Medical and Clinical Psychology that inappropriate or abusive behavior towards students by faculty, staff, or other students will not be tolerated and will be addressed accordingly.

The Department will assure that there is an appropriate redress for students, faculty, or staff who perceive they are being mistreated. This will include availability, willingness to listen, willingness to investigate, and follow-through by advising students, staff, and faculty about available actions that are responsive to the issue. A formal procedure for addressing grievances is presented in the MPS Student Handbook. However, it is understood that there may be circumstances where the student does not feel that this process is adequate for a redress of grievances. Where possible, students should initially discuss problems with faculty with the individual directly involved. Students may then take up the issue with their Advisor, the Director of Clinical Training, Director of Graduate Studies, or the Department Chairman. Students are also advised that they may bring such matters to the attention of any faculty or University official with whom they are particularly comfortable.

The Department will assure that there will be no retaliation for student complaints. Student, faculty, and staff making reports of mistreatment can expect their concerns to be addressed in a timely, respectful, and sensitive fashion. We all deserve an academic environment of openness, mutual respect, and tolerance, and we in the Department will also assure that these guidelines will be enforced.

#### **Facilities and Resources**

#### Department Laboratories, Offices, & Classrooms

The Department has offices, human laboratories, animal laboratories, wet laboratories (for biochemical and other biological work), and a graduate student area (equipped with carrels, computers, a microwave, refrigerator, and telephones). In addition, USU provides classrooms, lecture halls, conference rooms, an excellent library (the Learning Resource Center), a computer center, audiovisual support, a central laboratory animal facility, teaching hospitals, and other support services.

Additional computing facilities are available in the Learning Resource Center and in individual laboratories. Computers either are connected to the Internet or are interfaced with laboratory equipment. A variety of software programs are available for word processing, statistical analyses, and presentation graphics. USU has site licenses for many of these programs. In addition, students are provided with an Email account, Email service, and Internet access at no cost.

## Learning Resource Center

The Learning Resource Center (LRC) is the USU library. The LRC has a wide variety of medical, biological, and psychological journals and periodicals, as well as indices, reference volumes, a serials and monograph collection, and computerized literature search databases (i.e., MEDLINE, PsycINFO, Neuroscience Citation Index, Social Science Citation Index, and Science Citation Index). The journals can be accessed on-line from various full-text services and off-site. The LRC includes a staff of reference librarians to assist with literature searches or to obtain reference materials not stocked by the LRC. The LRC is fully-networked with the Department and accessible from the Internet, allowing use of its services from departmental offices and labs as well as by students and faculty using computers from home.

The LRC also has numerous microcomputers available for student use as well as a new microcomputer classroom for teaching courses on various types of software. The LRC computers are fully-loaded with Email, word-processing, data-analytic, graphical, and presentation software. For more information about the USU LRC, go to http://www.lrc.usuhs.edu/.

The National Institutes of Health (NIH) library and the National Library of Medicine (NLM) are within walking distance of USU. These facilities maintain large collections of books and journals, including hard-to-find and out-of-print materials.

# **USU Patient Simulation Center**

The National Capital Area (NCA) Medical Simulation Center is a state-of-the-art training facility located near the main USU campus. It uses simulated patients (i.e., experienced actors and actresses who are trained to simulate various physical and mental health problems) to train medical students, clinical psychology students, and other health professionals and to evaluate students' progress and level of clinical skill development.

The Simulation Center is used in the training of clinical psychology students to help students develop and practice interviewing and psychotherapy skills. Simulated Patients (SPs) take on particular roles developed by the Simulation Center and the Department of Medical and Clinical Psychology. The SPs are trained to behave and react in a particular manner, providing the students with immediate feedback and a real-time learning experience. Students are required to utilize a wide variety of clinical modalities and techniques. All encounters with the SPs are digitally videotaped for the student's and the faculty supervisor's review. Class group supervision time also is used to debrief the experience, critique the videotapes, and provide peer-peer and professor feedback. For more information about the USU Simulation Center, go to http://simcen.usuhs.mil.

# Center for Laboratory for Animal Medicine (C, LAM)

The USU Center for Laboratory for Animal Medicine (C, LAM) maintains a large facility to house animals and in which to conduct research. It is accredited by the Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC). A variety of species are housed in climate-controlled environments. The facility includes space for experimentation and is staffed by veterinarians, veterinary technicians, and animal husbandry technicians.

## Proximity to Other Resources

The Bethesda campus of the National Institutes of Health (NIH), including the National Library of Medicine (NLM), is within walking distance from USU. The NIH is a resource for lecture series, specialized courses, funding information, and research collaborations. The Walter Reed National Military Medical Center (WRNMMC) is within walking distance and is located within the same complex as USU. In addition, several major military training hospitals such as Ft. Belvoir Community Hospital and the Malcolm Grow Medical Center are also nearby. Numerous other universities in Washington, D.C. (i.e., Georgetown University, Catholic University, George Washington University, American University), and in Maryland (i.e., University of Maryland, Johns Hopkins University), and research-oriented federal agencies and programs (i.e., Food and Drug Administration [FDA], National Institute on Drug Abuse [NIDA]) are within short driving distance from the USU campus.

# **MPS Centers**

For information, please visit the following websites:

Center for Deployment Psychology: <a href="http://deploymentpsych.org/">http://deploymentpsych.org/</a>

Center for Health Disparities: <a href="http://www.usu-chd.org/chd/Home">http://www.usu-chd.org/chd/Home</a>

Medical Simulation Center: <a href="http://simcen.usuhs.edu/Pages/default.aspx">http://simcen.usuhs.edu/Pages/default.aspx</a>

#### **VISITOR INFORMATION: About the Area**

PLEASE NOTE: Due to the fact that we are a military instillation, we do not have the ability to offer daily tours at this time.

## Commuting, Parking, Housing Locations & Costs, & Directions to MPS

Students, faculty, and staff live in Maryland, Virginia, and Washington, D.C. USU is accessible via major highways, major commuter arteries, and the D.C. Metro system. The closest Metro stop is at the National Institutes of Health (NIH). The NIH stop is across the street from the Walter Reed National Medical Military Center, and about a 10-minute walk from the USU campus.

A shuttle bus also provides transportation between the NIH Metro stop and USU. Parking at USU is by hang tag or requesting visitor parking 24 hours prior to visit. We have an underground parking garage.

A variety of living situations are available within reasonable commuting distance from USU. These options include room rentals, apartment or condominium rentals, group-house rental situations, and townhouse or single-family house rentals. Some students purchase homes. Depending on individual preferences, students may live in: less developed rural areas; established, single-family neighborhoods; apartment or condominium complexes; and busy downtown neighborhoods. Living costs are similar to those for any large East Coast city.

## Other Local Resources

USU is located in Bethesda, MD, just north of Washington, D.C. Washington's many museums, art galleries, restaurants, and other cultural and multicultural experiences are easily accessible by driving or via the Washington, D.C. Metro system.

In addition, there are numerous nearby parks and large shopping malls. The cultural offerings of Baltimore, MD, and Annapolis, MD, and the beaches of Ocean City, MD, also are within a short drive. Recreational opportunities such as hiking, skiing, walking, camping, swimming, bicycling, and boating are available in D.C., Maryland, Virginia, West Virginia, Pennsylvania, and Delaware, generally within a few-hours drive, or less.

# **Air Transportation**

The Bethesda area is serviced by three major airports, National being the closest to USU:

Dulles International Airport (Virginia)

Washington National Airport (Washington, D.C.)- Linked directly to the Metrorail system! Baltimore-Washington International Airport (Maryland)

Washington National Airport

#### From National Airport:

Exit the airport going west towards Route 395 Washington. You will be on the George Washington Memorial Parkway. Stay on this road but do not take the Route 395 exit. Stay in the right lane of the Parkway and follow the Potomac River to Route 495 North, Maryland. Once you are in Maryland, Route 495 will split, with Route 270 to the left and Route 495 to the right. Stay to the right on 495. Take the exit for Route 355, which is also known as Wisconsin Avenue. Turn left at the entrance to the Walter Reed National Military Medical Center. Take the first right (Palmer Rd) and follow to USU. Turn left into USU parking garage at the end of Palmer.

# From Dulles Airport:

The airport is located on an expressway that runs to and from Route 495. This expressway is called the Dulles Access Road. Take this road out of the airport to Route 495 and go North toward Rockville, Maryland. Once you are in Maryland, Route 495 will split, with Route 270 to the left and Route 495 to the right. Stay to the right on Route 495. Take the exit for Route 355, which is also known as Wisconsin Avenue. Turn left at the entrance to the Walter Reed National Military Medical Center. Take the first right (Palmer Rd) and follow to USU. Turn left into USU parking garage at the end of Palmer.

#### From Baltimore Washington International Airport:

Following Route 195 out of the airport, get on Interstate 95 South to Washington. Once you near the beltway, I-95 will split. Bear right (West) towards Silver Spring (Exit 27). At this point you will be traveling on Route 495 West. Follow Route 495 to Connecticut Avenue. While you are exiting, keep in mind that you want to go towards Chevy Chase. Of the two lanes that go toward Chevy Chase, you want to stay in the right-hand lane. After you drive under Route 495, you will make a right-hand turn onto Jones Bridge Road. Follow to Wisconsin Avenue and turn right. Take the first right into the Walter Reed National Military Medical Center. Turn right (Palmer Rd) and follow to USU. Turn left into USU parking garage at the end of Palmer.

## **Rail Transportation**

Visitors should take the Amtrak train to Union Station in Washington, D.C. Cabs and the Metrorail Are available. The Cab stand is at the entrance to the station; for Metrorail, take the Red Line toward Shady Grove to the Medical Center station, then follow the directions given above (Metrorail) to walk to the University.

Metrorail is the least expensive way to get to the University. The Airport provides free shuttle service from all airlines to the National Airport Metrorail Station. Take the Yellow Line to Gallery Place, transfer to the Red Line in the direction of Shady Grove, and get off at the Medical Center station. From there, cross Wisconsin Avenue, enter the Walter Reed National Military Medical Center on Wood Road, make a right onto South Palmer Road, and follow it to the USU.

It is a 15-30 minute walk to the university from the Medical Center station, and travel time from the National Airport Metrorail station to the Medical Center stop is approximately 1 hour.

#### By Automobile

From Downtown Washington, DC:

Take Wisconsin Avenue north to Bethesda. Make a right into the Walter Reed National Military Medical Center, just after Jones Bridge Road. Turn right (Palmer Rd) and follow to USU. Turn left into USU parking garage at the end of Palmer.

# From I-495 Virginia:

Take 495 towards Rockville. At the I-270/I-495 split, stay to the right on I-495. Take the exit for Rt. 355-Wisconsin Avenue-Bethesda. Turn left at the entrance to the Walter Reed National Military Medical

Center. Turn right (Palmer Rd) and follow to USU. Turn left into USU parking garage at the end of Palmer.

#### From I-495 P.G. County/Baltimore:

Take 495 towards Silver Spring. Exit at Connecticut Avenue-Chevy Chase. At the bottom of the exit, turn left onto Connecticut Avenue. Go to the second traffic light, which is Jones Bridge Road, and make a right. Turn right on Wisconsin Avenue, and take the first right into the Walter Reed National Military Medical Center. Turn (Palmer Rd) and follow to USU. Turn left into USU parking garage at the end of Palmer.

#### From I-270:

Take I-270 south. Stay to the left at the split, observe HOV restrictions during rush hour. Exit at Rt. 355-Wisconsin Avenue-Bethesda (left lane exit). Turn left at the entrance to National Naval Medical Center. Turn right (Palmer Rd) and follow to USU. Turn left into USU parking garage at the end of Palmer.

Once you drive past the security checkpoint, make a RIGHT on Palmer. Continue on Palmer. You will see Building 10 (part of the Walter Reed National Medical Military Center) to your left. Continue until you come to the 1st stop sign. Keep going straight over the bridge, and pass the 2nd and 3rd stop signs. Then make a Left onto University Road after you stop at the 4th stop sign. The parking structure is to your left. Once in the parking structure, depending on the location of your parked car, you can enter Building A, B, C, or E. The easiest strategy is to look for the Building B elevators. Take the elevator to the 3rd floor. Look for the signs for the Department of Medical and Clinical Psychology. Once you're out of the elevator, make a left and look for signs directing you to the Department of Medical and Clinical Psychology.



# Jeffrey D. Quinlan, MD, FAAFP CAPT, MC, USN

Acting Chair, Department of Medical and Clinical Psychology Associate Professor, Family Medicine Email: jeffrey.quinlan@usuhs.edu

#### **Education**

B.S. in Biochemistry/Biophysics, University of Pittsburgh (1988); B.S in Chemistry, University of Pittsburgh (1988); M.D., University of Pittsburgh, School of Medicine (1992); Internship, Family Medicine, Naval Hospital Charleston, Charleston, SC (1993); Residency, Family Medicine, Naval Hospital Camp Pendleton, Camp Pendleton, CA (1995); Fellowship, Operative Obstetrics, Florida Hospital, Orlando, FL (1999)

## **Background and Areas of Interest**

Dr. Quinlan is a board certified family physician who has served in the U.S. Navy for nearly 23 years. His clinical, teaching, and research interests are focused on women's health and specifically maternity care. He has served as the Program Director, Family Medicine Residency Program, Naval Hospital Jacksonville, FL; Specialty Leader to the Navy Surgeon General for Family Medicine; and, Vice Chair, Department of Family Medicine, USU. He currently serves as the Acting Chair, Department of Medical and Clinical Psychology, USU and the Chair of the Student Promotions Committee, School of Medicine, USU.

#### **Selected Publications**

**Quinlan JD**, Hill DA, Maxwell BD, Boone S, Hoover F, Lense JJ. The necessity of both anorectal and vaginal cultures for group B streptococcus screening during pregnancy. *J Fam Pract* 2000 May; 49(5): 447-8.

Hill DA, Chez RA, **Quinlan JD**, Fuentes A, LaCombe J. Uterine rupture and dehiscence associated with intravaginal misoprostil cervical ripening. J Reprod Med 2000;45:823-826.

Quinlan JD, Hill DA. Nausea and vomiting in pregnancy. Am Fam Physician 2003;68:121-8.

Quinlan JD. Sexually Transmitted Diseases. Clinics in Family Practice 2005; 7(1)

**Quinlan JD.** Sexually Transmitted Diseases in Pregnancy. Clinics in Family Practice 2005; 7(1): 127-137

**Quinlan JD**. Evaluation of breast inflammation in the non-lactating woman. Evidence-Based Practice. 2009; 12(6): 5.

Transforming Maternity Care Symposium Steering Committee, Angood PB, Armstrong EM, Ashton D, Burstin H, Corry MP, Delbanco SF, Fildes B, Fox DM, Gluck PA, Gullo SL, Howes J, Jolivet RR, Laube DW, Lynne D, Main E, Markus AR, Mayberry L, Mitchell LV, Ness DL, Nuzum R, **Quinlan JD**, Sakala C, Salganicoff A. Blueprint for action: steps toward a high-quality, high-value maternity care system. Womens Health Issues. 2010 Jan-Feb;20(1 Suppl):S18-49.

**Quinlan JD**. Gauron MR, Deschere BR, Stephens MB. Care of the returning veteran. Am Fam Physician. 2010 Jul 1;82(1):43-9.

Unwin BK, Goodie J, Reamy BV, **Quinlan JD**. Care of the College Student. Am Fam Physician. 2013 Nov 1;88(9):596-604.

Carney LA, **Quinlan JD**, West JL. Thyroid Disease in Pregnancy. Am Fam Physician. 2014 Feb 15;89(4):273-8.

Quinlan JD. Acute Pancreatitis. Am Fam Physician. 2014 Nov 1;.

**Quinlan JD**, Murphy N. Cesarean Delivery. Am Fam Physician. Accepted for Publication on June 13, 2013

Murphy N, **Quinlan JD**. Trauma in Pregnancy. Am Fam Physician. Accepted for Publication on January 2, 2014.

#### **Professional Activities**

Dr. Quinlan is a Diplomat, American Board of Family Medicine; Fellow, American Academy of Family Physicians (AAFP); and, is a member of the Uniformed Services Academy of Family Physicians and the Society of Teachers of Family Medicine. He is internationally recognized for his work with the AAFP's Advanced Life Support in Obstetrics program. He has served as an author, member of the Advisory Board, Chair of the International Advisory Board, and is currently an Associate Editor for the program.



# Jeffrey Goodie, Ph.D., ABPP CDR, USPHS

Director, Clinical Psychology Training Program
Associate Professor, Family Medicine
Associate Professor, Medical and Clinical Psychology (secondary appointment)
Email: <a href="mailto:jeffrey.goodie@usuhs.edu">jeffrey.goodie@usuhs.edu</a>
http://www.usuhs.edu/faculty/jeffreygoodie-fap.html

#### **Education**

B.A. in Psychology, Dickinson College (1993); M.A. in Psychology, West Virginia University (1999); Ph.D. in Clinical Psychology, West Virginia University (2001); Postdoctoral Fellowship in Clinical Health Psychology, Wilford Hall Medical Center (2005)

#### **Background and Areas of Interest**

Dr. Goodie is a board certified clinical health psychologist. Before joining the U. S. Public Health Service (USPHS) he served 9 years in the U.S. Air Force. Dr. Goodie's clinical, teaching, and research interests are focused on behavioral health interventions in primary care settings, disaster behavioral health, and community resilience. He is a Fellow in the Society of Behavioral Medicine and earned awards for Early Career Achievements in Military Psychology from the American Psychological Association's Division 19 (Military Psychology), Senior Career Psychologist Achievement Award from the USPHS Psychology Professional Advisory Group, and the Innovation in Teaching Award for the Clinical Sciences from USU's Faculty Senate.

#### **Selected Recent Publications**

Goodie, J. L., Kanzler, K. E., Hunter, C. L., Glotfelter, M. A., & Bodart, J. (2013). Ethical and effectiveness considerations with primary care behavioral health research in the medical home. Families, Systems, and Health, 31, 86-95.

Hunter, C. L., & **Goodie, J. L.** (2012). Behavioral health in the Department of Defense patient-centered medical home: History, finance, policy, work force development and evaluation. Translational Behavioral Medicine: Practice, Policy and Research, 2, 355-363.

Goodie, J. L., Williams, P. W., Kurzweil, D., & Marcellas, K. B. (2011). Can blended classroom and distributed learning approaches be used to teach medical students how to initiate behavior change counseling during a clinical clerkship? Journal of Clinical Psychology in Medical Settings, 18, 353-360. Cigrang, J. A., Rauch, S. A. M., Avila, L. L., Bryan, C. J., Goodie, J. L., Hryshko-Mullen, A. Peterson, A. L., and the STRONG STAR Consortium. (2011). Treatment of active-duty military with PTSD in primary care: Early findings. Psychological Services, 8, 104-113.

Hunter, C. L., & **Goodie**, **J. L.** (2010). Operational and clinical components for integrated-collaborative care in the patient-centered medical home. Families, Systems, and Health, 28, 308-321.

**Goodie, J. L.,** Isler, W., Hunter, C. L., & Peterson, A. L. (2009). Using behavioral health consultants to treat insomnia in primary care: a clinical case series. Journal of Clinical Psychology, 65, 294-304.

Hunter, C. L., **Goodie, J. L.,** Oordt, M., & Dobmeyer, A. C. (2009). Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention. Washington, DC: American Psychological Association.



#### Mark L. Ettenhofer, Ph.D.

Assistant Professor, Medical and Clinical Psychology Clinical Practicum Co-Coordinator Email: <a href="mark.ettenhofer@usuhs.edu">mark.ettenhofer@usuhs.edu</a> <a href="http://www.usuhs.mil/faculty/markettenhofer-mps.html">http://www.usuhs.mil/faculty/markettenhofer-mps.html</a>

Education: B.A. (2001) in Psychology, Ohio University; M.A. (2003) and Ph.D. (2007) in Clinical Psychology, Michigan State University; Postdoctoral Fellowship (2009) in Neuropsychology, University of California, Los Angeles

For more about the Laboratory for Neurocognitive Research, please visit: <a href="http://www.usuhs.mil/faculty/ettenhofer/index.html">http://www.usuhs.mil/faculty/ettenhofer/index.html</a>

#### **Research and Teaching**

Research Topics: Dr. Ettenhofer's Laboratory for Neurocognitive Research studies brain-behavior relationships after traumatic brain injury (TBI). The primary goal of this research is to identify factors related to outcome and recovery after TBI and to aid in the development of targeted treatments. Current studies focus upon the development of robust eye-tracking indicators of neurocognitive status to aid in management of TBI, and the use of virtual reality (VR) for assessment and remediation of driving abilities after TBI. Primary study populations include military personnel with TBI related to combat as well as civilians suffering from TBI related to sports and accidental injuries. Previously, Dr. Ettenhofer has also conducted research examining neurocognition, neuroimaging, and functional abilities in HIV/AIDS, aging/dementia, and adult ADHD.

<u>Current Grant Support:</u> Department of Defense (DOD) Applied Research and Technology Development Award (ARATDA); Center for Neuroscience and Regenerative Medicine (CNRM) - CNS Repair and Recovery Award; DOD Congressionally Directed Medical Research Program (CDMRP); USUHS Intramural Research Award.

Methods and Approach: Eye/gaze tracking; Virtual reality; Neuroimaging (i.e., MRI, DTI, fMRI); Electroencephalography (EEG); Neuropsychological assessment.

<u>Medical Student Teaching:</u> MPS Course Director for MS-I Neuroscience & Behavior Module. Lectures on Psychological & Neuropsychological Assessment, and Traumatic Brain Injury.

<u>Graduate Student Teaching:</u> Research Methods I (MPO901) and Neuropsychology (MPO533). Lectures on Traumatic Brain Injury, Human Cognitive Neuroscience, Technology Development in Behavioral Medicine, Cognitive Remediation, Historical Perspectives on Brain-Behavior Relationships, and Health Psychology.

<u>Mentoring:</u> Dr. Ettenhofer currently mentors five psychology graduate students, one post-doctoral fellow, three research associates, and two volunteers in research activities. He also provides clinical mentorship to seven psychology graduate students.

#### **Selected Publications**

**Ettenhofer, M. L.**, Reinhardt, L. E., & Barry, D. M. (in press). Predictors of Neurobehavioral Symptoms in a University Population: A Multivariate Approach Using a Postconcussive Symptom Questionnaire. Journal of the International Neuropsychological Society.

**Ettenhofer, M. L.**, Melrose, R. J., Delawalla, Z., Castellon, S. A., & Okonek, A. (2012). Correlates of Functional Status among OEF/OIF Veterans with a History of Traumatic Brain Injury. Military Medicine, 177(11), 1272-1278.

**Ettenhofer, M. L.** & Barry, D. M. (2012). A Comparison of Long-Term Postconcussive Symptoms between University Students with and without a History of Mild Traumatic Brain Injury or Orthopedic Injury. Journal of the International Neuropsychological Society, 18(3), 451-460.

**Ettenhofer, M. L.**, Foley, J., Behdin, N., Levine, A. J., Castellon, S. A., & Hinkin, C. H. (2010). Reaction Time Variability in HIV+ Individuals. Archives of Clinical Neuropsychology, 25(8), 791-798. doi: 10.1093/arclin/acq064

**Ettenhofer, M. L.**, Foley, J., Castellon, S. A., & Hinkin, C. H. (2010). Reciprocal Prediction of Medication Adherence and Neurocognition in HIV/AIDS. Neurology, 74, 1217-1222.

**Ettenhofer, M. L.**, Hinkin, C. H., Castellon, S. A., Durvasula, R., Ullman, J., Lam, M., Myers, H., Wright, M. J., & Foley, J. (2009). Aging, neurocognition, and medication adherence in HIV infection. American Journal of Geriatric Psychiatry, 17, 281-290.

**Ettenhofer, M. L.**, & Abeles, N. (2009). The significance of mild TBI to cognition and self-reported symptoms in long-term recovery from injury. Journal of Clinical and Experimental Neuropsychology, 31, 363-372.

#### **Professional Activities:**

Dr. Ettenhofer is a member of the American Psychological Association (APA), the Society for Clinical Neuropsychology (SCN), the Association for Psychological Science (APS), the International Neuropsychological Society (INS), and the Center for Neuroscience and Regenerative Medicine (CNRM - Diagnostics & Rehabilitation)

#### **Selected Awards:**

USUHS Cinda Helke Award for Excellence in Graduate Student Advocacy (2013). APA Division 40 Applied Neuropsychology Award (2009).



#### Michael Feuerstein, Ph.D., MPH, ABPP

Professor of Medical & Clinical Psychology
Professor of Preventive Medicine and Biometrics
Former Director, Clinical Psychology Training Program
Email: <a href="mailto:michael.feuerstein@usuhs.edu">michael.feuerstein@usuhs.edu</a>
<a href="http://www.usuhs.mil/faculty/michaelfeuerstein-mps.html">http://www.usuhs.mil/faculty/michaelfeuerstein-mps.html</a>

Education: B.A. (1972) in Psychology, Boston University; M.S. (1975) in Clinical Psychology, University of Georgia; Ph.D. (1977) in Clinical Psychology, University of Georgia; American Board of Professional Psychology Certification in Clinical Health Psychology (1999); MPH, Preventive Medicine, Uniformed Services University of the Health Sciences (2002)

In 2002, Dr. Feuerstein was diagnosed with brain cancer. Following neurosurgery to determine the type of cancer, he was given three months to live. He chose aggressive treatment and is now an 8-year survivor of cancer. As a result of this experience, he has dedicated his career to help other cancer survivors. His research and academic efforts are directed at improving the health care, health, function, and well-being of cancer survivors following primary treatment. Dr. Feuerstein works collaboratively with his graduate students to improve the lives of cancer survivors.

For more information on the Cancer Survivorship Lab, please visit: <a href="http://www.usuhs.mil/faculty/feuerstein/index.html">http://www.usuhs.mil/faculty/feuerstein/index.html</a>

#### **Research and Teaching**

<u>Research Topics</u>: Dr. Feuerstein's research and clinical interests are in the application of behavioral medicine/health psychology to complex health problems. His research, consultation, clinical service, and program development activities create unique approaches to enhance health and well-being following cancer. Dr. Feuerstein also studies the interaction among medical, ergonomic, and psychosocial factors on work-related pain and its impact on function.

Current Grant Support: USUHS, DoD

<u>Methods and Approach:</u> work-site studies; clinical outcomes; epidemiology and large data bases; laboratory-based human psychophysiology.

<u>Medical Student Teaching:</u> lectures on Surviving Life-Threatening Diseases; Pain, Egonomics, and Prevention of Workplace Musculoskeletal Disorders.

<u>Graduate Student Teaching:</u> graduate courses in Health Psychology; Medical Psychology Interventions; Planning, Implementing, and Evaluating Human Services Programs; lectures in Preventive Medicine and Biometrics.

Mentoring: Dr. Feuerstein has supervised several doctoral dissertations in Medical & Clinical Psychology and clinical and research postdoctoral fellows. He currently is training five Ph.D. students and one DrPH. Dr. Feuerstein also mentors junior faculty.

#### **Selected Publications**

Collins, C., Gehrke, A., & **Feuerstein, M.** (in press). Cognitive tasks challenging brain tumor survivors at work.

Gehrke, A. K., Baisley, M. C., Sonck, A. L., Wronski, S. L., & Feuerstein, M. (2013). Neurocognitive deficits following primary brain tumor treatment: systematic review of a decade of comparative studies. Journal of Neuro-Oncology. Advance online publication. doi: 10.1007/s11060-013-1215-2

**Feuerstein, M.** Editorial. Milestone for cancer survivorship research and practice. Journal of Cancer Survivorship, 2008, 2, 125-127.

Hansen, J.A., **Feuerstein, M.**, Calvio, L.C., and Olsen, C. Breast cancer survivors at work. Journal of Occupational and Environmental Medicine, 2008, 50, 777-784.

Chan, F., Strauser, D., Cardoso, E., Zheng, L. X., Chan, J. Y. C., and **Feuerstein, M.** State vocational services and employment in cancer survivors. Journal of Cancer Survivorship, 2008, 2, 169-178.

**Feuerstein, M.** Quality health care for cancer survivors: A survivor's perspective. Journal of CancerSurvivorship: Research and Practice, 2009, 3, 1-3.

Calvio L, **Feuerstein**, **M.**s, and Hansen, JA, Luff, G. Cognitive limitations in occupationally active brain tumour survivors. Occupational Medicine, 2009, 59, 406-412.

**Feuerstein, M.** The cancer survivorship care plan: Health care in the context of cancer. Journal of Oncology Practice, 2009, 5, 113-115.

**Feuerstein, M.** Cancer survivors need evidence on how to optimize physical function. Journal of Cancer Survivorship, 2009, 3, 73-77.

**Feuerstein, M.** (Ed). Work and Cancer Survivors. New York: Springer, 2009. (ISBN:978-0-387-72040-1).

Calvio, L., Peugeot, M., Bruns, G. L., Todd, B. L., and **Feuerstein, M.**Measures of cognitive function and work in occupationally active breast cancer survivors. Journal of Occupational and Environmental Medicine, 2010, 52(4), 219-227.

Harrington, C.B., Hansen, J.A, Moskowitz, M., Todd, B., and **Feuerstein, M.** It's not over when it's over: long-term symptoms in cancer survivors — A Systematic review. International Journal of Psychiatry in Medicine, 2010, 40(2), 163-181.

**Feuerstein, M.**, Todd, B. L., Moskowitz, M., Bruns, G. L., Stoller, M., Nassif, T., & Yu, X. Work in cancer survivors: a model for practice and research. Journal of Cancer Survivorship, 2010, 4(4), 415-437.

**Feuerstein, M.**, Bruns, G. L., Pollman, C., & Todd, B. L. Management of Unexplained Symptoms in Survivors of Cancer. Journal of Oncology Practice, 2010, 6(6), 308-311.

Breckenridge, L.M., Bruns, G.L., Todd, B.L., & **Feuerstein, M.** Cognitive limitations associated with Tamoxifen and aromatase inhibitors in employed breast cancer survivor. Psycho-Oncology, 2010. On line.

#### **Professional Activities:**

Dr. Feuerstein is a fellow of the American Psychological Association, Academy of Behavioral Medicine Research, and Society of Behavioral Medicine. He is Editor-in-Chief, Journal of Occupational Rehabilitation, and Founding Editor and Editor-in-Chief, Journal of Cancer Survivorship: Research and Practice. He is also an active member of the American Psychosocial Oncology Society, International Association for the Study of Pain, American Public Health Association, and the American Society of Clinical Oncology. He is a member of the Advisory Boards of ASCPRO (a partnership between government and industry working to develop optimal ways to evaluate cancer patient outcomes in chemotherapy trials) and Heal Magazine (an international publication that provides information to enhance health and well-being among cancer survivors).

## **Editor in Chief**

<u>Journal of Occupational Rehabiliation</u> <u>Journal of Cancer Survivorship: Research and Practice</u>

#### **Books**

The Cancer Survivor's Guide: A Handbook to Life After Cancer
Handbook of Cancer Survivorship
Work and cancer survivors (hardcover)
Work and cancer survivors (soft cover)
Health Services for Cancer Survivors

#### **Selected Awards**:

Dr. Feuerstein has won several awards for his empirical and conceptual research contributions to clinical psychophysiology, hypnosis for pain control, and pain management. Diplomate, American Board of Professional Psychology (ABPP).



#### NEIL E. GRUNBERG, Ph.D.

Professor of Military & Emergency Medicine, School of Medicine
Professor of Medical & Clinical Psychology, School of Medicine
Professor of Neuroscience, School of Medicine
Professor, Graduate School of Nursing
Director, School of Medicine Leadership Programs
Email: neil.grunberg@usuhs.edu
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Education: B.S. (1975) in Medical Microbiology and Psychology, Stanford University; M.A. (1977), M.Phil. (1979), and Ph.D. (1980) in Physiological and Social Psychology, Columbia University; National Research Service Award in Pharmacology (1976-1979), Columbia University College of Physicians & Surgeons

For more information about the Grunberg Research Lab, please visit: <a href="http://www.usuhs.edu/faculty/grunberg/index.html">http://www.usuhs.edu/faculty/grunberg/index.html</a>

#### **Research and Teaching**

<u>Research Topics</u>: Dr. Grunberg and his research group study appetitive behaviors (including nicotine, alcohol, caffeine, and food consumption), stress (including anticipatory stress), effects of mild traumatic brain injury, post-traumatic stress disorder, strategies to attenuate stress-related health effects, and leadership. We use rodents as subjects to conduct psychobiological experiments and humans as subjects to study stress reduction and leadership.

Current Grant Support: CNRM, SRNT, USU

<u>Methods and Approach:</u> Laboratory-based experiments; behavioral, cognitive, and biological measures (including biochemistry, proteomics, and receptor biology); clinic-based and field studies.

<u>Medical Student Teaching:</u> Lectures include: Principles of social psychology and learning relevant to medical practice; Principles of cognition, personality, and motivation relevant to medical practice; Introduction to military medicine leadership; Fundamentals of stress; Tobacco use; Substance use and abuse; Behavioral factors in preventive medicine; Communication and medical practice; Effective communication; Communicating difficult information; Team leadership.

<u>Graduate Student Teaching:</u> Teaching in graduate courses in Medical & Clinical Psychology (Social Psychology, Appetitive & Addictive Behaviors, Psychopharmacology, Physiological basis of behavior); lectures in Introduction to Neuroscience, Advanced Topics and Techniques in Neuroscience, Behavioral Neuroscience, Traumatic Brain Injury Neurobiology, Introduction to Molecular and Cell Biology.

<u>Mentoring:</u> Dr. Grunberg has supervised 30 doctoral dissertations in Medical Psychology, Clinical Psychology, and Neuroscience. He currently is training seven Ph.D. students in his laboratory. Dr. Grunberg also mentors faculty, undergraduates, and high school students.

#### **Selected Publications**

Prager, E. M., Bergstrom, H. C., **Grunberg, N.E.**, & Johnson, L. R. (2011). The importance of reporting housing and husbandry in rat research. Frontiers in Behavioral Neuroscience, 5, 38.

Gomes P.X., de Oliveira G.V., de Araújo F.Y., de Barros Viana G.S., de Sousa F.C., Hyphantis T.N., **Grunberg, N.E.**, Carvalho A.F., Macêdo D.S. (2012). Differences in vulnerability to nicotine-induced kindling between female and male periadolescent rats. Psychopharmacology. 225(1), 115-26.

Sharma, P., Yan, A., Hu, X., Li, X., Barry, E.S., **Grunberg, N.E.**, Zhang, L., (2012). Effects of Traumatic Brain Injury on Mitochondrial Targeted Genes in Rat Hippocampus. International Journal of Critical Illness & Injury Science, 2(3), 172-179.

Turtzo, L.C., Budde, M.D., Gold, E.M., Lewis, B.K., Janes, L., Yarnell, A., **Grunberg, N.E.**, Watson, W., Frank, J.A. (2012). The evolution of traumatic brain injury in a rat focal contusion model. NMR Biomed. Epub.

Kamnaksh, A., Kwon, S.K., Kovesdi, E., Ahmed, F., Barry, E.S., **Grunberg, N.E.**, Long, J., Agoston, D. (2012). Neurobehavioral, cellular, and molecular consequences of single and multiple mild blast exposure. Electrophoresis. 33(24), 3680-92.

Yarnell, A.M, Shaughness, M.C., Barry, E.S., Ahlers, S.T., McCarron, R.M., **Grunberg, N.E.** (2013). Blast traumatic brain injury in the rat using a blast overpressure model. Current Protocols in Neuroscience. Chapter 9, Unit 9.41.

Deuster, P.A., **Grunberg, N.E.**, & O'Connor, F.G. (2014). Human performance optimization: An integrated approach for Special Operations. Journal of Special Operations Medicine, 14, Edition 2, 2-7.

O'Connor, F.G., **Grunberg, N.E.**, Kellermann, A.L., & Schoomaker, E. (in press). Leadership education and development at the Uniformed Services University. Military Medicine.

Callahan, C., & **Grunberg**, **N.E.** (in preparation). Military medical leadership. To appear in O'Connor, F., Schoomaker, E., Smith, D. (Editors). Textbook of military medicine.

#### **Professional Activities:**

Dr. Grunberg is a fellow of the American Psychological Association, Academy of Behavioral Medicine Research, and Society for Behavioral Medicine. He is a founding member of the Society for Research on Nicotine and Tobacco, and a member of the Association for Psychological Science, the Society for Neuroscience, Sigma Xi, and Academy of Medicine of Washington, D.C. He has been an editor for *Addiction, Annals of Behavioral Medicine, Nicotine and Tobacco Research*, and US Surgeon Generals' Reports. He serves as a scientific consultant to the Maryland Tobacco Prevention and Cessation Resource Center, the Maryland Smoking Cessation Quitline (MD Quit), and the Maryland State Mental Health and Substance Abuse treatment programs. He is a member of the Society of Behavioral Medicine's Wisdom Council, the editorial board of *Pharmacology Biochemistry and Behavior*, and a contributing reviewer to *F1000*(an electronic biomedical research journal source).

## **Selected Awards**:

American Psychological Association's Outstanding Contributions to Health Psychology (1989), Centers for Disease Control Awards (1988, 1990), US Surgeon General's Medallion (1990), USU Outstanding Biomedical Graduate Educator Award (1999, 2008), US FDA Research Award (2005), Society of Behavioral Medicine Distinguished Scientist Award (2006), USU Center for Health Disparities Building Partnerships for Better Health Award (2006), USU Carol J. Johns Award to enhance USU programs, faculty, and reputation (2007), USU Cinda Helke Award for Graduate Student Advocacy (2008), USU awards for Medical Student Teaching, Research Mentoring, Distinguished Service, and Outstanding Performance.



#### MARJAN GHAHRAMANLOU HOLLOWAY

Associate Professor
Clinical Internship Coordinator
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<a href="http://www.usuhs.edu/faculty/marjanholloway-mps.html">http://www.usuhs.edu/faculty/marjanholloway-mps.html</a>

Education: B.S. (1994) in Biology, B.A. in Psychology, Minor in English Literature, University of California, Irvine; M.A. (1997) in Pre-Clinical Psychology, Chapman University; Ph.D. (2003) in Clinical Psychology, Fairleigh Dickinson University; Postdoctoral Fellow (2005), Department of Psychiatry's Center for the Treatment and Prevention of Suicide, Center for Cognitive Therapy, University of Pennsylvania School of Medicine

For more information on Laboratory for the Treatment of Suicide-Related Ideation and Behavior, please visit: <a href="http://www.usuhs.edu/faculty/holloway/index.html">http://www.usuhs.edu/faculty/holloway/index.html</a>

#### **Research and Teaching**

Research Topics: The mission of the lab is threefold. First, we are interested to gain an enhanced understanding of the risk and protective factors that are associated with suicide - in particular to inform our work in treatment development research. For example, we have recently participated in a United States Navy "deep dive" suicide case review for 2012 in order to best understand lessons learned in suicide prevention. Second, we are interested to develop and to empirically evaluate targeted secondary and tertiary suicide prevention programs that address the needs of military personnel and their family members. For example, we are currently examining the efficacy of two interventions, Post Admission Cognitive Therapy (PACT) and the Safety Planning Intervention (SPI) in reducing suicide risk among psychiatrically hospitalized individuals following suicide-related events. Third, we are interested to disseminate evidence-based suicide risk assessment, management, and treatment practices for suicidal military service members, Veterans, and civilians. For example, we have recently released the United States *Air Force Guide on Suicide Risk Assessment, Management, and Treatment* (released guide and appendices) which has been mandated for implementation across all Air Force military treatment facilities, providing behavioral healthcare services.

<u>Current Grant Support:</u> Research methods include case studies, retrospective medical record reviews, psychological autopsies, retrospective and prospective cohort studies, quasi-experimental, qualitative (i.e., interviews and focus groups), and randomized controlled trials.

Methods and Approach: 1) USUHS intramural new faculty startup package; 2) Department of Defense Congressionally Directed Medical Research Program (CDMRP); 3) Military Operational Medicine Research Program (MOMRP); 4) National Alliance for Research on Schizophrenia and Depression (NARSAD); 5) United States Marine Corps Suicide Prevention Program; 6) United States Navy Suicide Prevention Program; and 7) United States Air Force Suicide Prevention Program.

<u>Medical Student Teaching:</u> Lectures on causes and prevention of burn-out among health professionals, suicide, and psychological assessment.

<u>Graduate Student Teaching:</u> Foundations of Cognitive Behavioral Therapy; Clinical Psychology Skills; Case Seminar; Psychopathology (Lecture on Mood Disorders); Health Psychology (Seminar on Suicide in the Medically Ill; Psychiatric Comorbidity and Medical Conditions).

Mentoring: Dr. Holloway is currently supervising 3 Clinical Psychology Ph.D. students and 2 Postdoctoral Fellows, as well as a number of professional junior colleagues in research and clinical work. Furthermore, she serves as a clinical advisor for other Ph.D. students and is one of the two core faculty supervisors for Case Conference. As the Internship Coordinator, Dr. Holloway mentors doctoral students in the process of securing an APA-approved internship site.

## **Selected Publications**

Greene, F., Wagner, B., Neely, L. L., Cox, D. W., Kochanski, K., Perera, K. U., & **Ghahramanlou-Holloway**, **M.** (in press). How parental reactions change in response to adolescent suicide attempt. <u>Archives of Suicide Research</u>.

Neely, L. L., Tucker, J., Carreno, J. T., Grammer, G., & **Ghahramanlou-Holloway**, **M.** (in press). Suicide risk assessment and management guidance for military psychologists. <u>Military Psychology</u>.

Kochanski-Ruscio, K. M., Carreno-Ponce, J. T., DeYoung, K., Grammer, G., & **Ghahramanlou-Holloway, M.** (2014). Diagnostic and psychosocial differences in psychiatrically hospitalized military service members with single versus multiple suicide attempts. <u>Comprehensive Psychiatry</u>, 55, 450-456.

**Ghahramanlou-Holloway, M.**, Neely, L., & Tucker, J. (2014). A cognitive-behavioral strategy for preventing suicide. <u>Current Psychiatry</u>, 13(8), 18-25.

**Ghahramanlou-Holloway, M.**, Brown, G. K., Currier, G. W., Brenner, L., Knox, K. L., Grammer, G., Carreno-Ponce, J. T., & Stanley, B. (2014). Safety Planning for Military (SAFE MIL): Rationale, design, and safety considerations of a randomized controlled trial to reduce suicide risk among psychiatric inpatients. Contemporary Clinical Trials, 39(1), 113-123.

**Ghahramanlou-Holloway, M.**, Tucker, J., Neely, L. L., Carreno-Ponce, J. T., Ryan, K., Holloway, K., & George, B. (2014). Suicide risk among military women. <u>Psychiatric Annals</u>, 44(4), 189-193.

Neely, L., Irwin, K., Carreno Ponce, J. T., Perera, K., Grammer, G., & Ghahramanlou-Holloway, M. (2013). Post Admission Cognitive Therapy (PACT) for the prevention of suicide in military personnel with histories of trauma: Treatment development and case example. Clinical Case Studies, 12(6), 457-473.

Martin, J. S., **Ghahramanlou-Holloway, M.**, Englert, D., Bakalar, J. L., Olsen, C., Nademin, E., Jobes, D., & Branlund, S. (2013). Marital status, life stressor precipitants, and communications of distress and suicide intent in a sample of United States Air Force suicide decedents. <u>Archives of Suicide Research</u>, 17, 148-160.

Ireland, R., **Ghahramanlou-Holloway, M.**, & Brown, D. G. (2013). Ongoing efforts to address the public health problem of military suicide within the United States Department of Defense. In J. Amara & A. Hendricks, (Eds.), Military health care: From pre-deployment to post-separation. Abingdon: Routledge.

**Ghahramanlou-Holloway, M.**, Cox, D., & Greene, F. (2012). Post-admission cognitive therapy: A brief intervention for psychiatric inpatients admitted after a suicide attempt. <u>Cognitive and Behavioral</u> Practice, 19, 233-244.

**Ghahramanlou-Holloway, M.**, Bhar, S., Brown, G., Olsen, C., & Beck, A. T. (2012). Changes in problem solving appraisal after cognitive therapy for the prevention of suicide. <u>Psychological Medicine</u>, 42, 1185-1193.

Cox, D., **Ghahramanlou-Holloway, M.**, Greene, F., Bakalar, J., Schendel, C., Nademin, E., Jobes, D., Englert, D., & Kindt, M. (2011). Suicide in the United States Air Force: Risk factors communicated before and at death. <u>Journal of Affective Disorders</u>, 133, 398-405.

Dennis, J., **Ghahramanlou-Holloway, M.**, Cox, D., & Brown, G. (2011). A guide for the assessment and treatment of suicidal patients with traumatic brain injuries. <u>Journal of Head Trauma Rehabilitation</u>, 26, 244-256.

**Ghahramanlou-Holloway, M.**, Cox, D., Fritz, L., & George, B. (2011). An evidence informed guide for working with military women and veterans. <u>Professional Psychology: Research and Practice</u>, 42, 1-7.

Cox, D., **Ghahramanlou-Holloway, M.**, Szeto, E., Greene, F., Engel, C., Wynn, G., Bradley, J., & Grammer, G. (2011). Gender differences in documented trauma histories: Inpatients admitted to a military psychiatric unit for suicide-related thoughts or behaviors. <u>Journal of Nervous and Mental Disease</u>, 199, 183-190.

**Ghahramanlou-Holloway, M.** (2011). Lessons learned from a soldier's suicide in Iraq. A response to Russell Carr [Peer commentary on the journal article "When a solider commits suicide in Iraq: Impact on unit and caregivers"]. <u>Psychiatry: Interpersonal and Biological Processes</u>, 74, 115-117.

Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces. (2010). The challenge and the promise: Strengthening the force, preventing suicide and saving lives. Washington, DC.

#### **Professional Activities:**

Dr. Holloway is a Diplomate of the Academy of Cognitive Therapy and a faculty member of the Beck Institute for Cognitive Behavior Therapy in Philadelphia. She has served as a trainer for the Center for Deployment Psychology. In addition, she delivers training and supervision on cognitive behavioral assessment and management of suicide for civilian, DoD/VA, and international providers. Dr. Holloway serves as a full member of the USUHS Institutional Review Board (IRB) and a Scientific Advisor to the American Foundation for Suicide Prevention (AFSP). Dr. Holloway has served on the Defense Health Board (DHB) Task Force on the Prevention of Suicide by Members of the Armed Forces (released report). Most recently, Dr. Holloway has served as the chair of the North Atlantic Treaty Organization (NATO) Human Factors and Medicine Research Task Group (HFM-RTG-218) on international military suicide. Dr. Holloway is a licensed psychologist with a private practice in Bethesda, Maryland where she provides cognitive behavior therapy to adults, families, and couples.

#### **Selected Awards**:

2014 Fellow, American Psychological Association, Leadership Institute for Mid-Career Women; 2013 Nominated Member, the International Academy of Suicide Research (IASP); 2012 Fellow, Summer

Institute on Randomized Behavioral Clinical Trials, National Institutes of Health, Office of Behavioral and Social Sciences Research; 2009 Recipient of the Cinda Helke Award for Excellence in Graduate Student Advocacy - Student Nominated.



#### DAVID S. KRANTZ, Ph.D.

Former Professor and Chair Email: david.krantz@usuhs.edu

http://www.usuhs.mil/faculty/davidkrantz-mps.html

Education: B.S. (1971) in Psychology, City College of New York; Ph.D. (1975) in Psychology, University of Texas at Austin

For more about the Cardiovascular Behavioral Medicine Research Lab, please visit: http://www.usuhs.mil/faculty/krantz/index.html

# **Research and Teaching**

Research Topics: The focus of Dr. Krantz's research is on the effects of psychosocial stress on health, and on the role of psychological factors in cardiovascular disorders-- a field on the interface of health psychology and cardiology. He has extensively studied the effects of acute stress as a precipitating factor for coronary heart disease events such as myocardial ischemia and malignant arrhythmias. He is Principal Investigator of the BETRHEART Study, which investigates the role of stress and behavior in the progression of heart failure. He also collaborates with investigators at other institutions to examine psychosocial influences on coronary heart disease in women. His research involves both clinical studies and using epidemiologic databases. He also is Principal Investigator of the Center for Deployment Psychology, a major national post-graduate educational program of the Department of Defense to train mental health providers to treat deployment-related behavioral health issues in military service members and their families.

Current Grant Support: NHLBI, NIH

<u>Methods and Approach:</u> clinic-based and laboratory-based human experiments with cardiovascular patients and healthy volunteers; ambulatory monitoring

Medical Student Teaching: lectures on Medical Psychology and Cardiovascular Diseases

<u>Graduate Student Teaching:</u> graduate courses on Research Methods, Personality, Behavioral Factors in Chronic Disease.

<u>Mentoring:</u> Dr. Krantz has supervised 17 doctoral dissertations in Medical Psychology and has trained 11 post-doctoral fellows. He currently is training four Ph.D. students in his laboratory.

#### **Selected Publications**

Kop WJ, PhD, Weissman NJ Zhu J, Bonsall RW, Doyle M, Stretch MR, Glaes SB, **Krantz DS**, Gottdiener JS, Tracy RP. Effects of Acute Mental Stress and Exercise on Inflammatory Markers in Patients with Coronary Artery Disease and Healthy Controls. American Journal of Cardiology, 2008, 15:101(6):767-73.

Francis JL, Weinstein AA, **Krantz DS**, Haigney MC, Stein PK, Stone PH, Gottdiener JS, Kop WJ. Association between Depression and Anxiety with Heart Rate Variability in Patients with Implantable Cardioverter Defibrillators. Psychosomatic Medicine, 2009, 71:821-827.

**Krantz DS**, Whittaker KW, Francis JL, Rutledge T, Johnson D, Barrow G, McClure S; Sheps DS, York K, Cornell C, Bittner V, Vaccarino V, Eteiba W, Parashar S, MD, Vido DA, Merz CNB. Psychotropic Medication Use and Risk of Adverse Cardiovascular Events in Women with Suspected Coronary Artery Disease: Outcomes from the Women's Ischemia Syndrome Evaluation (WISE) Study. Heart, 2009,;95(23):1901-6.

Rutledge T. Linke SE., **Krantz DS**, Johnson D., Bittner V., Eastwood J., Eteiba W., Pepine CJ., Vaccarino V., Francis J., Vido DA., Bairey Merz, CN. Comorbid depression and anxiety symptoms as predictors of cardiovascular events: Results from the NHLBI-Sponsored Women's Ischemia Syndrome Evaluation (WISE) Study. Psychosomatic Medicine, 2009,71(9):958-64.

**Krantz DS**, Whittaker KS, Sheps DS. Psychosocial risk factors for Coronary Artery Disease: Pathophysiologic Mechanisms. In R. Allan (Ed.), Heart and Mind: Evolution of Cardiac Psychology. Washington DC, APA Press, 2011.

Rutledge T, Linke SE, Johnson BD, Bittner V, **Krantz DS**, Whittaker KS, Eastwood JA, Eteiba W, Cornell CE, Pepine CJ, Vido DA, Olson MB, Shaw LJ, Vaccarino V, Bairey Merz CNB. Self-rated versus Objective Health Indicators as Predictors of Cardiovascular-Related Death and Events: the NHLBI-Sponsored Women's Ischemia Syndrome Evaluation (WISE) Study. Psychosomatic Medicine 2010;72(6):549-55.

Ketterer M, Bekkouche N, Goldberg D, McMahon RP, **Krantz DS**. Symptoms of anxiety & depression are correlates of angina pectoris by recent history & on an ischemia positive treadmill test in patients with documented coronary artery disease," Cardiovascular Psychiatry and Neurology, vol. 2011, Article ID 134040, 7 pages, 2011. doi:10.1155/2011/134040

Rutledge T. Linke SE., Johnson BD., Bittner V., **Krantz DS**, Cornell CE, Vaccarino V., Pepine CJ., Handberg EH, Eteiba W., Shaw LJ, Parashar S, Eastwood J., Vido DA, Bairey Merz, CN. Independent relationships between cardiovascular disease (CVD) risk factors and depressive symptoms as predictors of CVD events. Journal of Womens Health, 2012 (2):133-9

Whittaker KS, **Krantz DS**, Rutledge T, Johnson BD, Bekkouche N, Bittner V, Eastwood JA, Eteiba W, Cornell CE, Pepine CJ, Vido DA, Handberg W, Merz CNB. Combining psychosocial data to improve cardiovascular disease risk marker estimation and event prediction in the NHLBI-Sponsored Women's Ischemia Syndrome Evaluation (WISE) Study. Psychosomatic Medicine, 2012 74(3):263-70.

Rutledge T, Kenkre TS, Bittner V, **Krantz DS**, Thompson DV, Linke SE, Eastwood JA, Eteiba W, Cornell CE, Vaccarino V, Pepine CJ, Johnson BD, Merz CNB. International Journal of Cardiology (in press). Anxiety Associations with Cardiac Symptoms, Angiographic Disease Severity, & Healthcare Utilization: The NHLBI-Sponsored Women's Ischemia Syndrome Evaluation. International Journal of Cardiology, Feb 11. doi:pii: S0167-5273(13)00076-4. 10.1016/j.ijcard.2013.01.036. [Epub ahead of print]

Bekkouche NS, Wawrzyniak AJ, Whittaker KS, Ketterer MW, **Krantz DS**. Assessment and comparison of variables predicting exercise-induced angina: The role of angina history, depression, and anxiety. Psychosomatic Medicine, 2013 May;75(4):413-21.

Suls J, **Krantz DS**, Williams GC. Three strategies for bridging different levels of analysis and embracing the biopsychosocial model. Health Psychology, 2013 May;32(5):597-601.

Wawrzyniak, AJ, Bekkouche, NS, Krantz, DS. (2012). Acute behavioural and psychological triggers of acute myocardial infarction. In Waldstein S, Katzel L& Kop WJ. Cardiovascular Behavioral Medicine. (in press).

Eastwood JA, Johnson BD, Rutledge T, Bittner V, Whittaker KS, **Krantz DS**, Cornell CD, Eteiba W, Handberg E, Vido D, Bairey Merz CNB. Anginal Symptoms, Angiographic Coronary Artery Disease, and Adverse Outcomes in Black and White Women: The NHLBI-Sponsored Women's Ischemia Syndrome Evaluation (WISE) Study.

Handberg EM, Eastwood JA, Eteiba W, Johnson BD, **Krantz DS**, Thompson DV, Vaccarino V, Bittner V, Sopko G, Pepine CJ, Merz NB, Rutledge TR. Clinical implications of the Women's Ischemia Syndrome Evaluation: inter-relationships between symptoms, psychosocial factors and cardiovascular outcomes. Womens Health (Lond Engl). 2013 Sep;9(5):479-90.

#### **Professional Activities:**

Dr. Krantz is a fellow of the American Psychological Association, Academy of Behavioral Medicine Research, and the Society of Behavioral Medicine. He also is a member of the American Psychosomatic Society. He has served as president of the Health Psychology Division of the American Psychological Association, president of the Academy of Behavioral Medicine Research, Editor-in-Chief of Health Psychology, as a Council Member of the American Psychosomatic Society, and as a member of many scientific review panels.

## **Selected Awards:**

American Psychological Association's Early Career Scientific Award (1982), American Psychological Association's Award for Outstanding Contributions to Health Psychology (1981, 2000).



#### TRACY SBROCCO, Ph.D.

Associate Professor
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<a href="mailto:http://www.usuhs.edu/faculty/tracysbrocco-mps.html">http://www.usuhs.edu/faculty/tracysbrocco-mps.html</a>

Education: B.S. (1983) in Biology & Chemistry, University of Akron; Ph.D. (1994) in Clinical Psychology, Vanderbilt University

For more information on the Sbrocco Lab, please visit: <a href="http://www.usuhs.edu/faculty/sbrocco/index.html">http://www.usuhs.edu/faculty/sbrocco/index.html</a>

# **Research and Teaching**

Research Topics: Dr. Sbrocco conducts research designed to promote long-term behavior change in the treatment of obesity. She develops and examines the efficacy of community-based weight management programs for African American women in the Washington, DC, metropolitan area. Her goal is to develop ways to empower communities to support behavior change that prevents weight-related diseases, including cardiovascular diseases, diabetes, and cancers. She also is involved in research examining ethnic differences in biological (e.g., HPA axis) and psychological (e.g., body image, anxiety) responses to stress, especially among people who are overweight or obese. In addition, her research group conducts studies on sexual behavior and disorders.

Current Grant Support: NCMHD/NIH

<u>Methods and Approach:</u> field and laboratory studies (human); psychological, social, behavioral, and biological measures.

Medical Student Teaching: Lectures on Obesity, Sexual Behavior & Dysfunction.

<u>Graduate Student Teaching:</u> Adult Psychopathology, Ethics & the Responsible Conduct of Research, Medical Psychology Seminar, Graduate lecturer, Behavior and Health, PMB, Health Disparities lecture.

<u>Mentoring:</u> Dr. Sbrocco has supervised doctoral dissertations in Medical & Clinical Psychology. She currently is training five students in her laboratory and several students in clinical settings. She also mentors postdoctoral fellows.

<u>Summer Internship Program:</u> Mentor, USUCHD Summer Undergraduate Research Internship Program (SURIP).

## **Selected Publications**

Ranzenhofer, L. M., Hannallah, L., Field, S. E., Shomaker, L. B., Stephens, M., **Sbrocco, T.**, Kozlosky, M., Reynolds, J., Yanovski, J. A., & Tanofsky-Kraff, M. (2013). Associations Between Pre-Meal

Affective State and Laboratory Test Meal Intake in Adolescent Girls with Loss of Control Eating. Appetite, 68, 30-37.

Cassidy, O., **Sbrocco, T.**, Vannucci, A., Nelson, B., Heimdal, J., Mirza, N., Wilfley, D., Osborn, R., Shomaker, L.B., Young, J., Waldron, H., Carter, M.M., & Tanofsky-Kraff, M. (2013). Adapting interpersonal psychotherapy for the prevention of excessive weight gain in rural African American girls. Journal of Pediatric Psychology, 1–13, doi:10.1093/jpepsy/jst029

Tanofsky-Kraff, M., **Sbrocco, T.**, Theim, K. R., Cohen, L. A., Mackey, E. R., Stice, E., Henderson, J. L., McCreight, S. J., Bryant, E. J., &Stephens, E. B. (2013). Obesity and the U.S. Military Family. Obesity, 1-10, doi:10.1002/oby.20566

Vannucci, A., Shomaker, L. B., Field, S. E., **Sbrocco, T.**, Stephens, M., Kozlosky, K., Reynolds, J. C., Yanovski, J. A., & Tanofsky-Kraff, M. (In press). History of Dieting Among Adolescent Girls with Loss of Control Eating. Heath Psychology.

**Sbrocco, T.**, Carter, M.M., Hsiao, C., Gold, D., Hill, L.D, Kazman, J., &Bowie, J., (in press). Successful Faith Based Community-University Partnership to Promote Health among African Americans: G.O.S.P.E.L. Cares. Progress in Community Health Partnerships: Research, Education, and Action

**Sbrocco**, **T.**, &Osborn, R. (in press). BMI, Central Obesity, Obesity, Weight Loss. In S. R. Waldstein, W. J. Kop, &L. I. Katzel, L. I. (Eds.), Cardiovascular Behavioral Medicine, New York, NY: Springer.

Nedegaard, R., & Sbrocco, T. (In press). The impact of anger on the decision making process of abusive men. Journal of Family Violence.

#### **Professional Activities:**

Dr. Sbrocco is a member of the American Psychological Association, the Society of Behavioral Medicine, and the Association for the Advancement of Behavior and Cognitive Therapy (AABCT). She has been a member of the White House Interagency Working Group on Overweight and Obesity and NIH research review groups. She also has served as an advisor to the Department of Health and Human Services African-American Health program and is a licensed clinical psychologist in Maryland.

#### **Selected Awards**:

USU Center for Health Disparitities Building Partnerships for Better Health Award (2007).



#### MARIAN TANOFSKY-KRAFF, Ph.D.

Associate Professor
Clinical Practicum Coordinator
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http://www.usuhs.edu/faculty/mariantanofsky-kraff-mps.html

Education: B.A. (1987) in English, University of Rochester; M.A. (2000) and Ph.D. (2003) in Clinical Psychology, Catholic University of America

For more information about the Developmental Research Laboratory on Eating and Weight Behaviors, please visit: http://www.usuhs.edu/faculty/tanofskykraff/index.html

#### **Research and Teaching**

Research Topics: Dr. Tanofsky-Kraff studies eating disorders and obesity in children and adolescents. Her research addresses the risks, protective factors, maintenance, and consequences of childhood eating disturbance and overweight, with a particular focus on loss of control eating and the prevention of excessive weight gain. She is studying loss of control eating behaviors in children and adolescents in the laboratory using multiple assessments. Dr. Tanofsky-Kraff also conducts psychotherapeutic programs to prevent excessive weight in adolescent girls who are at high risk for adult obesity in lab-based and community (under-represented minorities and military) settings.

#### **Current Grant Support:**

- 1. National Institute of Diabetes and Digestive and Kidney Diseases, NIH: 1R01DK080906-01A1 M. Tanofsky-Kraff, PI, 08/08 07/14, Preventing excessive weight gain in adolescent girls at high-risk for adult obesity.
- 2. National Institute of Minority Health and Health Disparities, NIH Grant through P20 MD00505-02, Uniformed Services University of the Health Sciences Center for Health Disparities Research, M. Tanofsky-Kraff, PI, 11/10-1/14, POWER-UP: Preventing Weight Gain and Enhancing Relationships in Underserved Populations.
- 3. Center Project Program, USUHS: 72NC-01, M. Tanofsky-Kraff, Investigator, 06/11-05/14, POMC: Preventing Obesity in Military Communities.
- 4. Pilot Award, Intramural Research Program, USUHS: 72ON-01, M. Tanofsky-Kraff, PI 10/12-9/14, Pilot Program for the Prevention of Excess Weight Gain in Childhood.
- National Institute of Mental Health, NIH, Ruth L. Kirschstein National Research Service Award, NIH: 1 F31 MH095348 L. Ranzenhofer, Graduate Student, PI, M. Tanofsky-Kraff, Sponsor, Identifying Mechanisms that Predict Obesity Using Ecological Momentary Assessment: A Pilot Study.

<u>Methods and Approach:</u> psychotherapy trials, field and laboratory studies (human); interviews, qualitative assessment, and laboratory measures of behaviors, cognitions, and biological responses.

Medical Student Teaching: lectures on eating disorders and childhood obesity.

<u>Graduate Student Teaching:</u> Graduate courses in Lifespan Development and Psychopathology.

<u>Mentoring:</u> Dr. Tanofsky-Kraff supervises Clinical Psychology graduate students in research and in clinical work. She currently is training one student in her laboratory and several students in clinical settings. She also advises Clinical Psychology graduate students about clinical practicum experiences.

## **Selected Publications**

**Tanofsky-Kraff, M.**, Sbrocco, T., Theim, K. R., Cohen, L. A., Mackey, E. R., Stice, E., Henderson, J. L., McCreight, S. J., Bryant, E. J., & Stephens, E. B. (In press). Obesity and the U.S. Military Family. Obesity.

Miller, M., **Tanofsky-Kraff, M.**, Shomaker, L. B., Field, S. E., Hannallah, L., Reina, S. A., Mooreville, M., Sedaka, N. S., Brady, S. M., Condarco, T., Reynolds, J. C., Yanovski, S. Z., & Yanovski, J. A. (In press). Serum Leptin and Loss of Control Eating in Children and Adolescents. International Journal of Obesity.

Glasofer, D. R., Haaga, D. A. F, Hannallah, L., Field, S. E., Kozlosky, M., Reynolds, J., Yanovski, J. A., & **Tanofsky-Kraff, M.** (In press). Self-Efficacy Beliefs and Eating Behavior in Adolescent Girls At-Risk for Excess Weight Gain and Binge Eating Disorder. International Journal of Eating Disorders.

Cassidy, O., Sbrocco, T., Vannucci, A., Nelson, B., Heimdal, J., Mirza, N., Wilfley, D. E., Osborn, R., Shomaker, L. B., Young, J. F., Waldron, H., Carter, M., Jackson-Bowen, D., & **Tanofsky-Kraff, M.** (In press). Adapting Interpersonal Psychotherapy for the Prevention of Excessive Weight Gain in Rural African American Girls. Journal of Pediatric Psychology.

Vannucci, A., Shomaker, L. B., Field, S. E., Sbrocco, T., Stephens, M., Kozlosky, K., Reynolds, J. C., Yanovski, J. A., & **Tanofsky-Kraff**, **M.** (In press). History of Dieting Among Adolescent Girls with Loss of Control Eating. Heath Psychology.

Shomaker, L. B., **Tanofsky-Kraff, M.**, Mooreville, M., Reina, S. A., Courville, A. B., Field, S. E., Matheson, B. E., Brady, S. M., Yanovski, S. Z., & Yanovski, J. A. (In press). Relationships of Adolescent- and Parent-Reported Eating in the Absence of Hunger with Observed Eating in the Absence of Hunger in the Laboratory. Obesity.

Vannucci, A., **Tanofsky-Kraff, M.**, Crosby, R. D., Ranzenhofer, L. M., Shomaker, L. B., Field, S. E., Mooreville, M., Reina, S. A., Kozlosky, M., Yanovski, S. Z., & Yanovski, J. A. (2013). Latent Profile Analysis to Determine the Typology of Disinhibited Eating Behaviors in Children and Adolescents. Journal of Consulting and Clinical Psychology, 81, 494-507

**Tanofsky-Kraff, M.**, Engel, S. Yanovski, J. A., Pine, D. S., & Nelson, E. E. (2013). Pediatric Disinhibited Eating: Toward a Research Domain Criteria Framework. International Journal of Eating Disorders, 46, 451-5.

Ranzenhofer, L. M., Hannallah, L., Field, S. E., Shomaker, L. B., Stephens, M., Sbrocco, T. Kozlosky, M., Reynolds, J., Yanovski, J. A., &Tanofsky-Kraff, M. (2013). Associations Between Pre-Meal

Affective State and Laboratory Test Meal Intake in Adolescent Girls with Loss of Control Eating. Appetite, 68, 30-37.

Adler-Wailes, D. C., Periwal, V., Ali., A. H., Brady, S. M., McDuffie, J. R., Uwaifo, G. I., **Tanofsky-Kraff, M.**, Salaita, C. G., Hubbard, V. S., Reynolds, J. C., Chow2, C. C., Sumner, A. E., & Yanovski, J. A. (2013). Sex-associated differences in free fatty acid flux of obese adolescents. The Journal of Clinical Endocrinology & Metabolism, 98, 1676-84.

**Tanofsky-Kraff, M.**, Bulik, C. M., Marcus, M. D., Striegel, R. H., Wilfley, D. E., Wonderlich, S. A., & Hudson, J. I. (2013). Binge Eating Disorder: The Next Generation of Research. International Journal of Eating Disorders, 46, 193-207.

**Tanofsky-Kraff, M.** (2012). Psychosocial Preventive Interventions for Obesity and Eating Disorders in Youth. International Review of Psychiatry 24, 262-70.

**Tanofsky-Kraff, M.**, Shomaker, L. B. (co-first authors), Stern, E. A, Miller, R., Sebring, N., DellaValle, D., Yanovski, S. Z., Hubbard, V. S., & Yanovski, J. A. (2012). Children's Binge Eating and Development of Metabolic Syndrome (MetS). International Journal of Obesity, 36, 956-62.

Hilbert, A., Bishop, M. E., Stein, R. I., **Tanofsky-Kraff, M.**, Swenson, A. K., Welch, R. R., & Wilfley, D. E. (2012). Long-term Efficacy of Cognitive-Behavioral Therapy and Interpersonal Psychotherapy for Binge Eating Disorder. British Journal of Psychiatry, 200, 232-7.

**Tanofsky-Kraff, M.**, Shomaker, L. B., Roza, C. A., Wolkoff, L. E., Columbo, K. M., Racite, G., Zocca, J. M., Wilfley, D. E., Yanovski, S. Z., & Yanovski, J. A. (2011). A Prospective Study of Pediatric Loss of Control Eating and Psychological Outcomes. Journal of Abnormal Psychology, 120, 108-118.

#### **Professional Activities:**

Dr. Tanofsky-Kraff is President of the Eating Disorders Research Society (2012-2013), Board Member and Fellow of the Academy for Eating Disorders, Fellow of the Obesity Society and member of the American Psychological Association.

#### **Selected Awards:**

Early Career Investigator Best Paper Award, International Journal of Eating Disorders for 2006; Fellows Award for Research Excellence, NICHD, National Institutes of Health for 2005; Uniformed Services University Leonard Award for Excellence in Clinical Research for 2010. Invited to serve as a Key Informant for Agency for Healthcare Research and Quality's (AHRQ) Effective Health Care (EHC) Program: "Management and Outcomes of Binge Eating Disorder (BED)".



# ANDREW J. WATERS, Ph.D.

Associate Professor Director, Graduate Studies

Email: andrew.waters@usuhs.edu http://www.usuhs.edu/faculty/andrewwaters-mps.html

Education: B.A. (1989), M.A. (2003) University of Cambridge (Natural Sciences); Ph.D. (1995) Nottingham University (Psychology)

For more information on the Waters Lab, please visit: <a href="http://www.usuhs.edu/faculty/waters/index.html">http://www.usuhs.edu/faculty/waters/index.html</a>

#### **Research and Teaching**

Research Topics: Andrew J. Waters, Ph.D., received his Ph.D. in experimental cognitive psychology. He has subsequently focused on the area of cognition and psychopathology, with a special emphasis on the addictions. Dr. Waters's research involves three intersecting themes. One theme is to use tasks derived from human experimental cognitive psychology to help us measure the cognitive processes implicit and explicit - that underlie addiction (and other psychopathologies). For example, he has shown that measures derived from computerized tasks administered in laboratory settings tell us information about addiction over and above the information derived from questionnaires. A second theme is to administer cognitive tasks on personal digital assistants (PDAs) or Smartphones using Ecological Momentary Assessment (EMA). This affords the collection of rich datasets on cognitive processes in a real world setting. A third theme is to use modified cognitive tasks as interventions to change cognition and behavior. Dr. Waters directs the Laboratory of Cognitive Interventions (LOCI). Cognitive retraining interventions can be delivered in a laboratory or on a mobile device such as a PDA or a Smartphone. Currently the laboratory is examining the efficacy of a cognitive retraining intervention delivered on a Smartphone. Ultimately, cognitive and other interventions might be delivered on a Smartphone when the individual is most in need of the intervention (EMI, Ecological Momentary Intervention). Other research interests include: unconscious cognition; smoking and PTSD (post-traumatic stress disorder); cognitive expertise; decision making; psychology of music; psychology of terrorism.

<u>Current Grant Support:</u> Currently Dr. Waters is Principal Investigator on a grant from the National Cancer Institute to study attentional retraining in smoking cessation using Smartphones, and Multiple Principal Investigator on a grant from the National Institute on Drugs Abuse to study the effect of a cognitive-enhancing medication on smoking behavior.

<u>Methods and Approach:</u> Field-based studies using Ecological Momentary Assessment (EMA) with PDAs and Smartphones; laboratory-based studies investigating novel medications for addiction; smoking cessation studies; cognitive retraining interventions delivered using PDAs and Smartphones.

<u>Medical Student Teaching:</u> Lectures on "Medical Decision Making" and "Behavioral, Cognitive, Motivational, and Social Treatments for Addiction".

Graduate Student Teaching: Instructor for Cognitive Psychology (MPO539); Instructor for Experimental Statistics I (IDO502) (2 quarters); Guest Lecturer on EMA in Research Methods II (MPO902); Guest Lecturer on Medical Decision Making in Health Psychology (MPO605); Guest Lecturer on the Cognitive Revolution in History & Systems in Psychology (MPO519).

Mentoring: Dr. Waters currently supervises 6 Ph.D. students and 2 post-doctoral fellows.

#### **Selected Publications**

Waters, A. J., Marhe, R., & Franken, I. H. A. (2012). Attentional bias to drug cues is elevated before and during temptations to use heroin and cocaine. Psychopharmacology, 219, 909-921.

Sofuoglu, M., De Vito, E., **Waters, A. J.**, & Carroll, K. M. (2012). Cognitive enhancement as a treatment for drug addictions. Neuropharmacology, 64, 452-463.

Marhe, R., Waters, A. J., van de Wetering, B. J., & Franken, I. H. A. (2013). Implicit and explicit drug-related cognitions during detoxification treatment predict drug relapse: An ecological momentary assessment study. Journal of Consulting and Clinical Psychology, 81, 1-12.

Waters, A. J., Szeto, E., Wetter, D. W., Cinciripini, P. M., Robinson, J. D., & Li, Y. (2013). Cognition and craving during smoking cessation: An Ecological Momentary Assessment study. Nicotine and Tobacco Research (in press)

#### **Selected Awards**:

Dr. Waters is a member of the Society of Behavioral Medicine, the British Psychological Society, the American Psychological Association, and the Society for Research on Nicotine and Tobacco.



# Jeanette M. Witter, Ph.D. Assistant Professor Jeanette.Witter@usuhs.edu

http://www.usuhs.mil/faculty/jeanettewitter-mps.html

Education: B.A. (1977) in Psychology, Trinity College; Ph.D. (1986) in Clinical/Community Psychology, The George Washington University

Licensure: Psychology - State of Maryland and the District of Columbia

#### Clinical Practice

Private psychotherapy practice for over 25 years which currently focuses on individual therapy with adults from an integrative psychotherapy approach. Practice has also included couples and family therapy, individual therapy with children and adolescents and psychodiagnostic evaluations of children, adolescents and adults. Clinical consultation/training/program development with community based programs including homeless shelters, transitional living programs and day treatment programs.

#### **Research and Teaching**

<u>Graduate Student Teaching:</u> Ethics in Professional Psychology; Cultural Diversity; Brief Dynamic Therapy; Foundations of Psychotherapy; Stress and Trauma in the Military Context.

Dr. Witter serves as the Coordinator of the core clinical courses for the department including facilitating the use of the National Capital Area Medical Simulation Center in students' clinical training.

<u>Professional Activities:</u> Dr. Witter is a member of the American Psychological Association and a Fellow of the Maryland Psychological Association. She is a member of the District of Columbia Psychological Association and serves on the DCPA Ethics Committee.

# **Part-Time Faculty Members**



#### Patrick DeLeon, Ph.D.

Distinguished Professor

Joint appointment: F.Edward Hébert School of Medicine and Graduate School of Nursing Email: patrick.deleon.ctr@usuhs.edu
<a href="http://www.usuhs.mil/faculty/patdeleon-mps.html">http://www.usuhs.mil/faculty/patdeleon-mps.html</a>

Education: B.A. (1964), Amherst College; M.S. (1966), Purdue University; Ph.D. (1969) in Clinical Psychology, Purdue University; M.P.H. (1973) in Health Services Administration, University of Hawaii; J.D. (1980), The Columbus School of Law, Catholic University; Psy. D. (1993) Honorary Doctor of Psychology, California School of Professional Psychology, Fresno; Psy. D. (1997) Honorary Doctor of Psychology, Forest Institute of Professional Psychology; H.L.D (2001) Honorary Doctor of Humane Letters, NOVA Southeastern University.

#### **Selected Publications:**

Willis, D. J., DeLeon, P. H., Haldane, S., & Heldring, M. B. (in press). Aspirations for future generations of Native Americans. Journal of Clinical Psychology.

DeLeon, P. H. (in press). Foreword: A maturing vision. College of Pharmacy. University of Hawaii at Hilo.

DeLeon, P. H., Kenkel, M. B., & Shaw, D. V. (in press). Rural America: Advancing federal priorities. In K. B. Smalley, J. C. Warren, & J. Rainer (Eds.), Rural mental health. New York: Springer.

DeLeon, P. H. & Wiggins, J. G. (in press). Integrated care: A preface on changing times. In M. Muse & B. Moore (Eds.), Handbook of clinical psychopharmacology for psychologists. New York: John Wiley & Sons.

DeLeon, P. H., Sammons, M. T., Wilkniss, S. M., Hagglund, K. J., Ragusea, S. A., & Ragusea, A. S. (in press). Evolving roles for the profession. In G. Stricker & T. A. Widiger (Eds.), Clinical psychology. Volume x of the Handbook of psychology, (2nd Edition). I. B. Weiner (Editor-in-chief) (pp. ?). New York: John Wiley & Sons.

Cautin, R. L., Freedheim, D. K., & DeLeon, P. H. (In press). Psychology as a profession. In D. K. Freedheim (Ed.), History of psychology. Volume I of the Handbook of psychology, (2nd Edition). I. B. Weiner (Editor in Chief) (pp. 27-45). New York: John Wiley & Sons.

DeLeon, P. H. (in press). Foreword? The critical importance of parental involvement. In H. Dupont, The care, education, and treatment of children with emotional problems.

- DeLeon, P. H. (in press). Foreword. In H. H. Dawley, Being assertive in an aggressive world. Pass Christian, MS: Wellness Institute/Self-Help Books.
- DeLeon, P. H. (in press). Foreword? Exciting opportunities for the 21st century. In N.F. Russo, C. Chan, M. B. Kenkel, C. B. Travis, & M. Vasquez (Eds.), Women in science and technology. Washington, DC: American Psychological Association.
- DeLeon, P. H., Kenkel, M. B., Oliveira Gray, J. M., Sammons, M. T. (2011). Emerging policy issues for psychology: A key to the future of the profession. In D. H. Barlow (Ed.), The Oxford handbook of clinical psychology (pp. 34-51). New York: Oxford University Press.
- DeLeon, P. H., Kenkel, M. B., Garcia-Shelton, L., & VandenBos, G. R. (2011). Psychotherapy, 1960 to the Present. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim, History of psychotherapy: Continuity and change (2nd Edition) (pp. 39-62). Washington, DC: American Psychological Association.
- DeLeon, P. H., Rychnovsky, J. D., & Culp, C. H. (2011). A maturing vision for the 21st century. The Journal of Healthcare, Science and the Humanities B A Navy Medicine Publication, 1(2), 149-153.
- DeLeon, P. H. (2010). Foreword: The challenges of substantive change. In R. E. McGrath & B. A. Moore, Pharmacotherapy for psychologists: Prescribing and collaborative roles (pp. xi-xiii). Washington, DC: American Psychological Association.
- DeLeon, P. H., & Folen, R. A. (2010). Foreword: Unprecedented change is upon us. In R. Kraus, G. Stricker, & C, Speyer (Eds.), Online counseling: A handbook for mental health professionals (2nd Edition) (pp. ix-xv). London: Elsevier.
- DeLeon, P. H., & Kazdin, A. E. (2010). Public policy: Extending psychology=s contributions to national priorities. Rehabilitation Psychology, 55 (3), 311-319.
- DeLeon, P. H., & Pachter, W. S. (2010). Children=s mental health care: A surprisingly steady evolution. Administration and Policy in Mental Health and Mental Health Services Research. 37, 149-153.
- Reid-Arndt, S., Stucky, K., Cheak-Zamora, N., DeLeon, P.H., & Frank, R.G. (2010). Investing in our future: Unrealized opportunities for funding graduate psychology training. Rehabilitation Psychology, 55 (4), 321-330.



### David S. Riggs, Ph.D.

Research Associate Professor
Director, Center for Deployment Psychology
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driggs@deploymentpsych.org
http://www.usuhs.mil/faculty/davidriggs-mps.html

Education: B.A. (1984) in Psychology, University of Kansas; Ph.D. (1990) in Clinical Psychology, State University of New York at Stony Brook

# **Research and Teaching**

<u>Research Topics:</u> Impact of deployments, deployment stress and PTSD on family functioning; Treatment of combat-related PTSD.

<u>Methods and Approach:</u> Field studies with human participants; psychotherapy trials; clinical interviews, observational coding, and psychometric instruments.

<u>Current Grant Support:</u> USUHS; Department of Defense Congressionally Directed Medical Research Program.

<u>Medical Student Teaching:</u> Lectures on Provider Burn-Out and Self-Care, PTSD, mild Traumatic Brain Injury and Pain.

<u>Graduate Student Teaching:</u> Psychopathology (Lecture on PTSD); Seminar in Evidence-Based Treatment of PTSD (team taught with staff of the Center for Deployment Psychology).

Additional Teaching: At the Center for Deployment Psychology Dr. Riggs oversees and participates in the development and delivery of training workshops to teach military and civilian behavioral health professionals as to treat PTSD and other trauma-related distress as well as to prepare them to better care for the deployment-related needs Service Members and their families. Dr. Riggs presents between 25 and 40 lectures and workshops per year as part of the Center for Deployment Psychology.

<u>Mentoring:</u> Dr. Riggs supervises Clinical Psychology graduate students in research; he currently supervises 4 Ph.D. students.

#### Selected Recent Publications:

Hembree, E. A., Street, G. P., **Riggs, D. S.**, & Foa, E. B. (2004). Do assault-related variables predict response to cognitive behavioral treatment for PTSD? Journal of Consulting and Clinical Psychology, 72, 531-534.

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Internship delayed

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Andrew Dimond, 2ndLt, USAF		Krantz (Sbrocco)
Kathryn Eklund, 2LT, USA		Grunberg (Witter)
Viktor Koltko, ENS, USN		Holloway
Patrick Mather, CPT, USA		Tanofsky-Kraff
Sade Soares, 1LT, USA		Sbrocco
	Second Year	
Brian Guise, CPT, USA		Ettenhofer
Dawn Johnson, Capt, USAF		Sbrocco
John Lammers, 1LT, USA		Waters (Witter)
Amy Lee, ENS, USN		Krantz (Witter)
Kendra Oldham, Capt, USAF		Sbrocco
Kyna Pak, ENS, USN		Holloway
Amanda Webb, CPT, USA		Grunberg (Witter)
	Third Year	
Margaret Baisley, 1LT, USA		Grunberg (Ettenhofer)
Allison Conforte, ENS, USN		Tanofsky-Kraff
*Felicia Keith, 2ndLt, USAF		Krantz (Witter)
Kate Lunsford, 1LT, USA		Ettenhofer
Catherine Ware, Capt, USAF		Krantz (Sbrocco)
Aaron Weisbrod, ENS, USN		Grunberg (Sbrocco)
	Fourth Year	
Sarah McCreight, CPT, USA		Sbrocco
*Chantal Meloscia, LT, USN		Waters (Ettenhofer)
*Matthew Moosey, CPT, USA		Grunberg (Witter)
Marcus Vansickle, LTJG, USN		Holloway
Andrea Weiss, 1stLt, USAF		Krantz (Sbrocco)
	Fifth Year (Internship)	
David Barry, CPT, USA		Ettenhofer
Edny Joseph Bryant, 1stLt, USAF		Tanofsky-Kraff
Courtney Collins, CPT, USA		Feuerstein
Brendan Finton, LTJG, USN		Grunberg (Tanofsky-Kraff)
Nicole Kang, LTJG, USN		Waters (Ettenhofer)
Alicia Ottati, Maj, USAF		Feuerstein

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**Second Year** 

Jamie Hershaw Ettenhofer Samantha Wronski Feuerstein

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# Clinical Psychology Program

I. General Philosophy and Model of Training

The Clinical Psychology Ph.D. Program at USUHS follows a scientist-practitioner ("Boulder Model") of training. The program strongly values the development of evidence based knowledge and skills related to Clinical Psychology.

The Clinical Psychology program has two tracks: 1) Military Psychology and 2) Medical Psychology-Clinical (also called the "Dual Track"). While both tracks have the same four primary goals, the relative emphasis on clinical practice and development of professionals who use their scientific training in the context of clinical work, clinical problems solving, program development and evaluation is the hallmark of the Military Psychology track. In the Medical Psychology-Clinical track, while trained in evidence based clinical psychology, the primary emphasis is for students to develop the skills to conduct clinically meaningful research.

## **MPS Department's Goals**

**Goal #1:** Graduates are scientist-practitioners or scientists who apply their work to improving the health of military communities, Veterans, and the Nation.

**Goal #2:** Graduates are ethical, professional, and reflective psychologists who value individual and cultural diversity.

**Goal #3:** Graduates effectively communicate with psychology and interprofessional colleagues, patients, leaders, and communities.

**Goal #4:** Graduates apply a deep understanding of the biopsychosocial factors affecting health in evidence-based practice, research, teaching, and/or public policy.

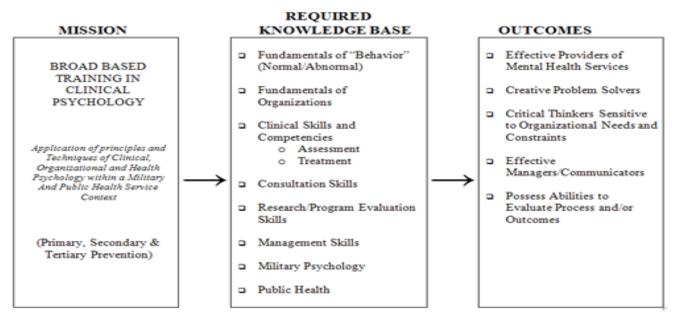
**Goal #5:** Graduates are knowledgeable about effective supervision and leadership practices. They apply these practices to the training, supervision, and leadership of support personnel, psychology trainees, and other health-care professionals.

**Goal #6:** Graduates engage in effective interprofessional collaborations to provide care, conduct research, provide education, develop policy and/or lead programs and organizations.

# Military Psychology (Clinical) Track

The Military Psychology track's Model of Training is illustrated in Figure 1. The student will primarily be trained as a broad based clinical psychologist with an appreciation and understanding of the unique aspects of military and public health. Within this broader focus, the student can choose to pursue more extensive mental health or clinical health psychology didactic and clinical training. Figure 1 lists the required knowledge base and expected outcomes of the clinical program. The overall goals of the program are to develop a clinical psychologist with the following qualities: 1) effective provider of mental health services, 2) creative problem solver, 3) critical thinker sensitive to organizational needs and constraints, 4) effective manager and communicator, and 5) ability to evaluate process and/or outcomes related to a varied range of individual and systems level interventions contributing to an improved quality of health care.

#### CLINICAL PSYCHOLOGY TRAINING AT USUHS



The Military Psychology track trains clinical psychologists who use their scientific training to understand the strengths and limitations of an evidence-based approach to clinical psychology. This training is directed at teaching clinical psychologists to be critical thinkers able to analyze and apply current and emerging research and to be accomplished providers of evidenced-based psychological services within the military context. The Military Psychology track of the Ph.D. program in Clinical Psychology is designed for students with a background in psychology who wish to pursue clinical practice in military settings.

### II. Program Plan

#### A. Didactic Training

The program's curriculum and resources are directed at creating a learning environment and set of experiences that permit the student to: 1) develop a breadth of knowledge in psychology, 2) develop professional knowledge, skills and attitudes appropriate to specific areas of practice, 3) complete elective academic work and scholarly research, 4) integrate theory, research, and practice through didactic and field training components, and 5) develop sensitivity to and understanding of ways in which cultural and individual diversity affect research and practice.

Students will be required to demonstrate competence in each of the following knowledge and skill areas: 1) Research and Evaluation, 2) Professional Interpersonal Conduct, 3) Assessment, 4) Consultation and Education, 5) Training in Supervision, and 6) Intervention. The program plan is designed to assist the student in obtaining competence in the above areas through didactic coursework that focuses on the scientific basis of psychology as well as the foundations of practice. During the final year in the program students will be expected to complete a full time internship. The progression of required coursework across the five years of the training program is provided in the Clinical Psychology Program of Study.

The major academic milestones for each year of training are provided in Figure 2. Coursework related to the bases of clinical practice is necessary to provide the student with a sound and broad foundation of the theory and practice of clinical psychology. The principles of the program are to expose students to the theoretical and empirical foundations of a wide range of systems of psychotherapy and behavior change as well as provide a sound basis for the understanding and identification of the full range of psychopathology in both mental health and general health contexts. While the details of various

assessment and treatment approaches will be covered in courses, it is essential for the USUHS Clinical Psychology Student to understand the theoretical and empirical bases of these approaches. Such an in depth understanding should assist these future psychologists in the critical application of technology and allow them to respond to advancements in knowledge and techniques as an informed professional.

## B. Clinical Training

The USUHS program is based upon the goal of developing clinical psychologists with broad based clinical knowledge, strategic problem solving skills, and general clinical skills in addressing problems related to mental health, physical health and illness, and organizational systems. Given the program's goal of training individuals who will serve the national interest within the uniformed services (Army, Navy, Air Force), particular emphasis is placed on those problems encountered in the uniformed services. While training will provide an optimal basis for effective general clinical practice, emphasis will be placed upon the practice of clinical psychology within a military and public health context. This will occur in both didactic and clinical training and represents, in part, the unique nature of the USUHS Clinical Psychology Program.

The clinical practicum, clerkship and internship training experiences are designed to provide systematic, progressively intensive training in the application of psychological principles, techniques, and skills to human problems. This field training is graded in intensity and responsibility and is offered sequentially through practica, clerkship and internship.

The field training will be provided by full time and adjunct clinical faculty primarily at USUHS affiliated teaching hospitals and will focus on the development of assessment, intervention, and organization consultation skills for a wide range of problems. This experience will be coordinated and monitored by the full time clinical faculty in the Department.

Every effort will be made to provide a breadth of experience over the four years prior to internship including areas related to: adult, child, adolescent, family, outpatient, inpatient, and organizational consultation.

While the primary practica placements will be at affiliated teaching hospitals, the program also has affiliations with clinical programs in the D.C. area that provide unique training opportunities not available in existing teaching hospitals.

The clerkship (all three summers) represents a more extensive clinical experience under supervision for a minimum of 16 hours per week and maximum of 24 hours per week. This experience will be supervised at a minimum of 1 hour per week by a licensed clinical psychologist from the training facility. The clerkships are offered during the summer quarters. Clinical training will begin in year 1 of the program. Students will have received a minimum of over 1000 hours of clinical experience prior to internship.

The internship is a 12 month intensive training experience provided during the fifth and final year of the program. Training is available at one of the University's main affiliated teaching hospitals (National Naval Medical Center, Walter Reed Army Medical Center, Air Force Malcolm Grow Medical Center) as well as other APA accredited military and civilian facilities throughout the United States.

## C. Research Training

Military clinical students in the 2014-2015 cohort have the option of completing a master's thesis. If they elect to complete a masters, the student will work on the faculty member's research team during the first and second year and will complete a research study that may not represent original research but is an offshoot of the research advisor's ongoing program of research. This experience is designed to teach research skills through a mentoring model including the identification and conceptualization of a

problem area, critical analyses of existing research, hypothesis generation, experimental design and control, data collection, data analyses and completion of a manuscript suitable for submission for publication in the scientific literature. This process will be accomplished by first completing a brief review of the literature on a specific topic area due the end of the Summer quarter in Year 1. An empirical paper based upon this research will serve to meet, in part, the requirements for the master's degree.

In year three each clinical student will be required to identify a research topic (doctoral dissertation) that is relevant to and supports the student's training and interests. Each student will work closely with a faculty member in the formulation of the research question(s) and design. The dissertation research is to be completed prior to the onset of the internship.

If the student elects not to pursue a masters, then the Dissertation Seminar course is a required class.

# Medical Psychology-Clinical Track Description

The Medical Psychology - Clinical Track provides training in clinical research. In order to conduct meaningful clinical research students are also trained in evidenced based practice. While students are prepared to become licensed psychologists, the expectation for graduates of this track is a career in clinical research. This program is aimed at training psychologists both academically and clinically to work as researchers. Students in this new track must complete requirements of both Medical Psychology and Clinical Psychology programs.

#### 1. Overview

The Medical Psychology- Clinical track represents an integration of the Medical Psychology, Research and Clinical Psychology Program curricula. For the Medical Psychology- Clinical track, the military emphasis is replaced with a major emphasis on clinical research. The student in this track completes requirements for both tracks over a 6-year training period that concludes with an APA accredited internship during the sixth and final year. The Medical Psychology- Clinical track was developed to provide a cadre of civilians who plan to pursue research focused careers that integrate medical and clinical psychology, clinical research informed by an in depth understanding of research and practice. These careers may be in academic, public health, or medical settings. It is open to civilians only and is designed for a selected group of individuals with proven evidence of commitment to research who wish to train to conduct research using clinical populations.

The Medical Psychology- Clinical track is consistent with the USUHS mission as an academic health sciences center. It is aimed at training psychologists who are both academically and clinically prepared to work as researchers in academic or various medical settings. This track is designed based on the premise that psychologists conducting physical and mental health-related research and research in health settings need skills in clinical psychology to complement their strong foundation and skills in research. Students in this track have up to two additional years of research, clinical training and experience. They are encouraged to present their research at scientific meetings and are expected to publish research, reviews, chapters and other academic related work during their pre-doctoral training years; in addition to writing at least one grant application related to their own research interests. After completing the program these dual track students are trained to conduct clinically meaningful research and teaching in public health, federal or state government and/ or civilian academic settings.

Both tracks have the same four primary goals, however the relative emphasis on clinical practice and development of professionals who use their scientific training in the context of clinical work, clinical problems solving, program development and evaluation is the hallmark of the Military Psychology track. Those in the Medical Psychology-Clinical track, while trained in evidence based clinical psychology, the emphasis in this track is to train students to conduct clinically meaningful research.

This track emphasizes combined year-round training in health psychology research and the development of skills in the clinical application of health psychology. The Medical Psychology-Clinical track requires completion of both the Medical Psychology Training and Clinical Psychology Program requirements plus extensive clinical training requirements and completion of a one year internship to be eligible for clinical licensure.

\*\*\*Please Note. This track is clearly designed for those students who are primarily interested in a research and academic career. Those prospective applicants who seek entry into this track who wish to pursue professional clinical careers are asked to consider other programs. If you are pursuing a professional clinical career there will be a significant mismatch between the program's focus and the student's personal goals.

## 2. Program Plan

## A. Didactic Training

- Year 1 Med Psych Curriculum, Ethics in Psychology; History and Systems, Health Psychology
- Year 2 Med Psych Curriculum; Foundations of Psychotherapy; Psychopathology; Assessment; Practica begin Summer Quarter
- Year 3 CBT; Brief Dynamic Psychotherapy; Integrative Psychotherapy; Epidemiology; \*Cultural Diversity; \*Social Psychology
- Year 4 Electives, Group Psychotherapy
- Year 5 Electives

(\* offered on alternate years)

#### B. Research Training & Requirements

• Same as Med Psych

#### C. Academic Milestones

- Completion of Ph.D. Qualifying Exams following Year 2 (& 2 clinical questions following Year 03)
- Completion of master's thesis
- Completion of 3rd year paper
- Completion of dissertation

#### D. Clinical Training

- Begins Summer Quarter Year 2
- 3 Summer Clerkships (Year 2, Year 3, Year 4)
- 9 Quarters of Practica (Year 3, Year 4, Year 5)
- Case Conference (monthly)
- Internship (Year 6)

#### E. Teaching Assistant Requirements

• TA for at least 2 courses during Years 2 and 3 and at least 1 course in Year 4

#### 3. ADMISSION REQUIREMENTS

Medical Psychology - Clinical Track

In addition to the criteria above specified for the general Medical Psychology Program, students applying to the Clinical Track must have:

- Demonstrated evidence of motivation and ability to pursue a research/academic career (e.g., publications, professional presentations).
- b. Career goals consistent with the aim of this research focused program. These should be detailed in the applicant's Personal Statement.

Internal Candidates for Admission to the Medical Psychology - Clinical Track

If a student currently enrolled in the Medical Psychology Program is interested in entering the Clinical Track, he/she must submit a curriculum vitae, a personal statement, and a letter of recommendation from their major advisor. Additional admission requirements include:

- Personal statement defining career goals.
- 2. USUHS GPA of 3.5 or better.
- 3. Demonstrated research productivity to include publications in peer reviewed literature and/or professional presentations at scientific meetings
- 4. A letter of recommendation from the major advisor.
- 5. Advancement to candidacy by the beginning of Fall Quarter year three:
  - o Completion of 2nd year paper
  - o b. Successful completion of Ph.D. qualifying exams
  - o c. Completion of requisite coursework.
- 6. Successful completion of two clinical courses:
  - o Psychopathology during Year 2
  - o b. Ethics during Year 2.

#### **Placements**

The clinical practicum, clerkship and internship training experiences are designed to provide systematic, progressively intensive training in the application of psychological principles, techniques, and skills to human problems. This field training is graded in intensity and responsibility and is offered sequentially through practica, clerkship and internship.

The field training will be provided by full time and adjunct clinical faculty primarily at USUHS affiliated teaching hospitals and will focus on the development of assessment, intervention, and organization consultation skills for a wide range of problems. This experience will be coordinated and monitored by the full time clinical faculty in the Department.

# **Medical Psychology Program**

### I. Philosophy and Model of Training

The graduate program in Medical Psychology at the Uniformed Services University of the Health Sciences (USUHS) was initiated in 1979, and is designed to provide graduate instruction and research training leading to the Ph.D. degree. Students in the program typically have a background in psychology, biology, or life sciences and pursue research in a field combining psychology with the biomedical sciences. Basic and applied approaches to health psychology and behavioral medicine are emphasized, focusing on the study of psychosocial, psychobiological, and behavioral factors in the etiology, prevention, and treatment of illness, substance abuse, and relationships between physical and mental health. The emphasis of this program is the training of scientist and educators.

Health psychology, behavioral medicine, and medical psychology all refer to aspects of the study of behavioral processes in health and illness, health promotion, rehabilitation, and treatment. This broad and exciting field has grown rapidly over the past 30 years. In 1978, a Division of Health Psychology was created within the American Psychological Association, and it has grown into a large division with over 3,000 members and thousands subscribe to its journal, Health Psychology. Also in 1978, the Academy of Behavioral Medicine Research was founded, and soon thereafter, the Society for Behavioral Medicine was founded. Department members have assumed positions of leadership in all of these organizations and have contributed to the growth of this new field.

## II. Program Plan

Summary of the Program's Coursework

All students in the Medical Psychology Program must complete a series of required courses during the first two years of study. Introduction to Medical Psychology and seminars in Behavioral Medicine/Health Psychology acquaint the student to the field. These courses consist of three hours of lecture per week (lectures are given by all members of the faculty) and three hours of seminar per week that address topics such as stress, pain, cardiovascular disease, cancer, compliance, prevention, smoking, eating disorders, and substance abuse.

In addition, all students must complete courses in statistics and experimental design, research methods, learning principles, cognitive psychology, social psychology and the history of psychology. Students also are required to complete pathophysiology, physiology, and pharmacology courses taught in the School of Medicine and Graduate School of Nursing.

Along with these required courses, students take electives that reflect various specialties in psychology and in the study of behavior and health. These electives include courses such as psychopathology, developmental psychology, behavioral factors in chronic disease, appetitive behaviors, neuroscience, psychopharmacology, psychophysiology, neuropsychology, neuroscience, epidemiology, and advanced statistics. During the second year of study, students are required to take two elective courses per quarter, at least one of which must be offered in the department. Therefore, students take 2-4 electives in Medical Psychology during the second year.

During the third year, students must take at least one elective each quarter. There is no required coursework in the fourth or fifth years when the student's time is focused on dissertation and other research, but students are encouraged to continue to take relevant electives.

#### Ph.D. Qualifying Examination

A written examination is administered at the end of the second year. This examination is oriented toward developing students' ability to integrate specific areas of psychology. This exam must be passed before students are advanced to candidacy and apply for the Ph.D. degree.

#### **III. Research Training**

The graduate training program in medical psychology is a research training program. Many aspects of the study of health and behavior are included, but research is the principal focus of training and activity in the Medical Psychology track, and active involvement in research is a continuing requirement through the graduate student's career. Initially, this research is directed and supervised by the student's faculty advisor. Later, the student is expected to develop an ongoing individual research program and take major responsibility for planning and implementing studies.

Upon entry into the program, students are matched with a primary advisor and are expected to become involved in ongoing research. These assignments are based on student and faculty interests and are reviewed by the Director of Graduate Studies. Students typically work with their advisor in research, but students may do research with adjunct faculty or faculty other than their primary advisor. In such cases, the advisor continues to monitor student progress in consultation with the other faculty.

All students are expected to be active in research throughout their graduate career. During the second year, students must complete a research project that is required for advancement to candidacy, and which usually forms the basis of a Master's thesis. This work involves the development of a research problem, hypotheses, and design in collaboration with the research advisor. The student then will be responsible for conducting the study and analyzing the data. Finally, the study is written up in a form suitable for publication. The study may be on any topic in health and behavior that is agreeable to both student and advisor. The written Master's thesis is reviewed by the research advisor and by two other faculty members.

After successfully completing course work, the Ph.D. Qualifying Examination, teaching assistant assignments, a research paper (i.e., a full draft of the master's thesis), and identifying a Ph.D. thesis advisory committee, students are advanced to Ph.D. candidacy. Students then are expected to begin to function as independent investigators. Collaboration with their advisor and other faculty continues, but emphasis is placed on the transition from student to professional and from research "apprentice" to independent scientist. Students are expected to take primary responsibility for the "third year paper" and for research studies and to complete them before beginning work on their doctoral dissertation. The bulk of this work is during the third and fourth years of study.

The doctoral dissertation, begun during the third, fourth or fifth year, is a study that is initiated, designed, conducted, analyzed, written, and presented by the student. Dissertations are written in a standard format; students must critically review relevant literature, formulate a problem, derive testable hypotheses, design a study that would stand up to methodologic evaluation, analyze and explain results, and place the study in a broader context. The doctoral work is supervised by a four-person, (or more), committee.

Prior to beginning data collection for the doctoral dissertation, an oral exam is held to assess the student's knowledge of their specialty area and to review the dissertation design. The committee must be composed of at least three faculty members in the Department of Medical and Clinical Psychology, and at least one faculty member who is from another academic department at USUHS. Upon completion of the dissertation, the committee administers a final oral examination, and the student presents a public lecture on the dissertation research.

Because most students spend their first year participating in ongoing research and continue to develop independent lines of study within established projects, the availability of ongoing research programs is crucial. The faculty members in Medical and Clinical Psychology have been active in establishing research programs, and each has several current projects. Opportunities for student involvement in these projects range from planning and formulation of hypotheses and study design to conduct, analysis, and presentation of findings.

#### Third Year Paper

In the third year, each student must select a suitable topic and prepare either a review paper in the style of Psychological Bulletin or an NIH-style grant proposal. This third year paper must be read and approved by two faculty members. The purpose of this paper is to familiarize students with the process of organizing and preparing reviews of research literature and/or writing grant applications. This paper must be completed and approved before beginning the doctoral dissertation research project.

## Summary of Requirements for the Ph.D. Degree

- 1. Satisfactory completion of 12 credit hours per quarter (graded or ungraded) and teaching assistant work.
- 2. Passing grade on Ph.D. qualifying examination (end of 2nd year).
- 3. Completion of satisfactory research project (2nd year).
- 4. Completion of Master's Thesis.
- 5. Completion of satisfactory review paper or grant proposal (3rd year).
- 6. Satisfactory initial doctoral dissertation proposal defense
- 7. Doctoral dissertation: written dissertation and oral defense at public presentation.

#### **Academic Milestones**

Adda sind minostories								
Year	Requirement	Description	Due Date					
1-2		Required Courses      Learning/cognition     Social psychology     Stats 1 - 2     Methods 1 - 2     Affective Basis of Behavior     History & Systems     Health Psychology     Pathophysiology     Physiology     Pharmacology     Department Seminar     Electives						
2	Ph.D.Qualifying Exam	Section from General Exam (2 Days)	End of Spring Quarter					
2	Second Year Paper/Master's Thesis	<ul> <li>Empirical study conducted in close collaboration with advisor. Paper to be written in manuscript format appropriate for submission to a peer reviewed journal</li> <li>Submitted in format required by Graduate School for Master's Thesis</li> </ul>	End of Summer Quarter					
3	Third Year Review Paper	Major review article written in style of Psych Bulletin or grant proposal	End of Spring Quarter					
4 - 5	Research And Dissertation	Necessary pilot work and committee review, data collection and write-up of dissertation.	d					

# Military Ph.D. Applicants

## **Military PhD Programs**

The USUHS Department of Medical and Clinical Psychology offers two military-track Ph.D. programs for active duty military students. Military students can earn a doctorate in either Clinical Psychology or Medical Psychology.

Applicants to the military-track Ph.D. programs in Clinical Psychology or Medical Psychology do not need to be on active duty at the time of their application. It is common for reserve, guard, enlisted, and civilian students to apply to the military-track Ph.D. programs and then commission as an officer before coming to USUHS. As active duty military officers, military students earn regular base pay, basic allowance for housing (BAH), and basic allowance for sustenance (BAS) while attending USUHS.

### **Information for All Military Track Applicants**

Some eligibility criteria and application procedures vary by service branch. For applicants considering multiple service branches, choice and assignment to a particular service will depend on the applicant's preferences, the service's preferences, and the availability of training positions in the individual services. There are no tuition costs at USU. Students are responsible for textbook costs (although some services reimburse for textbook costs). There are no application fees. All military track applicants must be United States citizens and must have a bachelor's degree. All applicants must complete the Graduate Education Office's ONLINE application for Admission to Graduate Study available at: https://gapp.usuhs.mil. For addendum please visit http://www.usuhs.edu/graded/application.html.

In addition to completing the application, applicants must provide: a personal statement of goals, reasons to attend this program in particular (i.e., Ph.D. in Clinical Psychology - Military Track or Ph.D. in Medical Psychology), area of research interest and faculty members with whom you might work, and time and experience relevant to military psychology; official transcripts of course work at all universities or colleges attended; three letters of reference from individuals familiar with the academic work, scientific achievements, and clinical experience/aptitude of the applicant; and scores on the Graduate Record Exam (GRE) (the Advanced Test in Psychology is not required). Visit ETS.ORG or call 1-800-GRE-CALL for GRE test location options.

The student selection process involves active participation of core faculty members and adjunct military faculty to assess aptitude for a career in Military Clinical Psychology. Prior military achievement relevant to successful attainment of program goals and objectives also is evaluated. The final selection process includes formal interview of those students who have been determined to be of acceptable quality and interest from written application information. Students admitted to this program typically have an overall undergraduate GPA ranging from 3.4 - 3.8 and GRE scores ranging from 310 - 325. However, students with lower GPA and/or GRE may be considered for admission based upon other strengths in their applications.

All materials must be received by the Graduate Education Office (GEO) by the deadlines shown below. The academic year begins at the end of August. Successful applicants, therefore, should be prepared to report to USUHS by mid-August.

#### **Overview of Service-Specific Information**

Service Branch	U.S. Air Force	U.S. Army	U.S. Navy
# of Personnel Typically Selected	2	3	2
Eligible	All Active Duty AF All Others will be considered	MSC Officers All Others will be considered	All Navy Personnel All Civilians
Application Deadline for Admission in Fall 2015	December 1, 2014	November 1, 2014	December 1, 2014
Interviews for Admission in Fall 2015	February/March, 2014	January, 2014	February/March, 2014

# **Information for Air Force Applicants**

Active-duty military and civilians are welcome to apply. If selected for an Air Force slot, an active duty service obligation of seven years is incurred. Internships and post-doctoral fellowships are not credited toward satisfying this obligation. Interested applicants should contact the individuals listed below for details.

Mr. Kevin Smith Phone: 210-565-2775

Email: kevin.smith.86@us.af.mil

Col Jay Stone, Ph.D.

Email: jay.stone@pentagon.af.mil (703) 588-6206 DSN 425-6206

Col Christopher S. Robinson, USAF, BSC

SG Consultant, Clinical Psychology

Deputy Director, Mental Health Division (SGHW) Air Force Medical Operations Agency (AFMOA)

Email: christopher.robinson@us.af.mil Comm: (210) 395-9040; DSN: 969-9040

All interested military-track applicants for the U.S. Air Force are encouraged to contact the student representative listed below:



US Air Force Student Representative 1stLt Felicia Keith

Email Contact: afmps@usuhs.edu

# **Information for Army Applicants**

Applicants can be on active duty with the Medical Service Corps (though others have been considered for an interview in the past if meeting application requirements) and apply sometime between the 5th and 13th year of Active Federal Commissioned Service. Candidates have been considered in the past that are not MSC officers or outside the eligibility rules with the understanding there is no guarantee they may enter the program. Recently, some applicants have been accepted that were not MSC officers and have transferred to the MSC branch. In addition, civilians are welcome to apply.

If selected for an Army slot, an Active-duty military service obligation of seven years is incurred. Internships and post-doctoral fellowships are not credited toward satisfying this obligation. Interested applicants should contact the individuals listed below for details.

Interested applicants should contact Trish Crum for more information.

MAJ Deborah Engerran, Psy.D., ABPP Email: deborah.a.engerran.mil@mail.mil

COL Stephen Bowles, Ph.D. Phone: (202) 685-2271

Email: stephen.bowles@ndu.edu

All interested military-track applicants for the U.S. Army are encouraged to contact the student representative listed below:



US Army Student Representative CPT Matt Moosey Email Contact: amps@usuhs.edu

## **Information for Navy Applicants**

Civilian applicants who join the Navy will be obligated to seven years active duty service plus six years listing on the individual ready reserve (IRR) roster. Active-duty military incur a service obligation of seven years. The pre-doctoral internship is not credited toward satisfying this obligation.

All applicants for the Navy slots who are on active duty in the Navy Medical Service Corps must be approved by the MSC DUINS board in order to be considered for the USUHS clinical psychology program. (Approval by the DUINS board does not guarantee selection for the USUHS program). In accordance with DoD Directive 6010.20 (Section 6.2.3.1.2), Navy personnel (officer and enlisted), other than Medical Service Corps officers, and personnel from other service branches "must have approval and sponsorship, in writing, from their parent Service" in order to apply to the University. The written approval must be submitted to the Graduate Education Office as part of the application. Applications

from active duty service members that do not include written approval will not be considered in the selection process.

Navy officers, other than Medical Service Corps officers, must meet the transfer or redesignation requirements of OPNAVINST 1210.5, "Lateral Transfer/Redesignation and Augmentation of Officers in the Navy," December 24, 2005. Navy officers on extended active duty must submit a contingent resignation to BUPERS (PERS-813) via the chain of command, per MILPERSMAN 1920-170, "Contingent Resignation for Acceptance to Attend Medical Training under the Armed Forces Health Professions Scholarship Program (AFHPSP) or at the Uniformed Services University of the Health Sciences (USUHS)," March 16, 2006.

Interested applicants should contact the individuals listed below for details.

Eric Getka, Ph.D. Phone: 301-295-2476 Fax: 301-295-6720

(703) 588-6206 DSN 425-6206

CDR John Ralph, Ph.D. Phone: 301-295-0500 Fax: 301-295-6720

Email: john.ralph@med.navy.mil Comm 210-395-9041; DSN 969-9041

All interested military-track applicants for the U.S. Navy are encouraged to contact the student representative listed below:



US Navy Student Representative ENS Chantal Meloscia Email Contact: nmps@usuhs.edu

# **Graduate Education Office (GEO) Application Checklist for Medical and Clinical Psychology (MPS) Programs**

Admission Requirements and Recommendations:

#### **GPA**

Students admitted to this program typically have an overall undergraduate GPA ranging from 3.4 - 3.8. However, students with a lower GPA may be considered for admission based upon other strengths in their applications.

#### **GRE**

GRE scores MUST be from an exam taken within the past TWO YEARS to be accepted. GRE scores (Verbal + Quantitative) of 300 or greater are preferred, and students admitted to this program typically have GRE scores ranging from 310-325. However, students with lower GRE scores may be

considered for admission based upon other strengths in their applications. GRE waivers are not granted.

## **Educational background**

Undergraduate psychology coursework and experience is preferred, but not required for admission. Many students in the department come from diverse educational backgrounds. All applicants with clearly demonstrated strengths in math, science, and writing will be considered. Coursework in statistics, chemistry, and biology, as well as clinical and/or research experience is encouraged.

#### **Application Packet Checklist:**

To be considered for admission, applicants must complete and submit an online application form, submit official test results to USUHS, and mail all application packet materials to the Graduate Education Office. The application checklist is detailed below.

## **Online Application Form**

All applicants will need to complete the Graduate Education Office's online application. Application requirements are summarized on the following website: http://www.usuhs.mil/graded/application.html.

The online application form is available at: <a href="http://gapp.usuhs.mil">http://gapp.usuhs.mil</a>. You must use Internet Explorer (6.0 or higher) to complete the online application.

The application form consists of the following:

- o ACADEMIC STATEMENT OF PURPOSE: You will need to write the statement using a word processing program, copy it, and paste it into the online application window. For tips on writing your personal statement, click the link http://www.usuhs.mil/graded/geofaq.html#persstate. In your statement of purpose, please identify one or more faculty members with whom you would like to work.
- o PERSONAL INFORMATION: Personal data, education information, test scores, etc.

Prior to submitting your application online, review to ensure you have answered all sections. Once you have done so, hit the "submit" button on the website. If for some reason there is any errors with submitting your online application, please contact the Graduate Education office (GEO), at 800-772-1747 for assistance.

#### **Official Test Results**

GRE scores MUST be from an exam taken within the past TWO YEARS to be accepted. You need to request that ETS (Educational Testing Services) send your GRE scores to the USU Graduate Education Office. To request scores, use the USU Institution code, which is 5824. It is not necessary to specify any other departmental code. The School Code for the GRE is 5824 for both the Department and Institution code. We are not able to accept copies or unofficial score reports. You can access the testing service website at www.gre.org. From the time you request for your scores to be sent from ETS, it takes about a month for them to be received and then processed in the admissions office. Please plan ahead!

#### **Mailed Application Packet**

The mailed application packet has three components: 1) a hard copy of the application addendum to the Medical and Clinical Psychology department, 2) official transcripts, academic coursework, and degrees earned, and 3) letters of recommendation. Mail the following application packet materials to the following address:

Uniformed Services University Graduate Education Office Building A, Room A1045 4301 Jones Bridge Road Bethesda, Maryland 20814-4799

#### Official Transcripts, Academic Coursework and Degrees Earned

You must provide hard copy official transcripts of ALL work beyond secondary school: undergraduate coursework, graduate coursework, study abroad courses, community college courses, and non-degree courses. A transcript is official when:

- Submitted to the Graduate School in an envelope which is issued by the institution and sealed by your university's Registrar's office (or equivalent office);
- Requested from the appropriate institution's Registrar, returned to you, and included unopened in your self-assembled application packet for mailing.

#### **Letters of Recommendations**

Three (3) official letters of recommendation (LOR) are required by the USU Graduate Education Office. All official letters of recommendation must:

- Be printed on letterhead
- Contain an original signature
- Be place in a sealed envelope with the recommender's signature across the flap
- Be mailed into the Graduate Education Office (no electronic submissions will be accepted)

Persons writing these LORs must be in positions that permit the appraisal of the applicant's potential for graduate study. LORs can be written by both military and civilian personnel.

Contact Graduate Education Office to Check Receipt of Your Materials

Contact the USU Graduate Education Office via phone at 800-772-1747 or via e-mail at graduateprogram@usuhs.mil to confirm your application packet is complete. Please allow up to two (2) weeks for processing of your materials.

If you have questions about the application process, please contact the Graduate Education Office or visit the FAQ website: <a href="http://www.usuhs.mil/graded/geofaq.html">http://www.usuhs.mil/graded/geofaq.html</a>

# Time to Completion for Students entering the Program

Time to Completion for all students entering the program

	Year in which Degrees were Conferred															
Outcome	-	07- 08	-	08- 09	-	09- )10		)10- )11		11- )12		12- 13		13- )14	T	otal
Total number of students with doctoral degree conferred on transcript	,	2		5		4		4		3	4	4	,	7	,	29
Mean number of years to complete the program		6	5	.6		6		5	6.	33	5	.5	6.	14	5	.79
Median number of years to complete the program	(	6	;	5		6		5		6	;	5	(	6		5
Time to Degree Ranges	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Students in less than 5 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Students in 5 years	1	50	3	60	2	50	4	100	1	33	3	75	2	29	16	55
Students in 6 years	0	0	1	20	0	0	0	0	1	33	0	0	2	29	4	14
Students in 7 years	1	50	1	20	2	50	0	0	0	0	1	25	3	43	8	28
Students in more than 7 years	0	0	0	0	0	0	0	0	1	33	0	0	0	0	1	3